FOR STATE HEALTH DEPT.

12621

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 should be farwarded to the Chief Medical Exominaris Office along with form PM3. Page O FUNERAL DIRECTOR: Page 3 should be used as o buriol-tronsit permit. File pages, Land 2 with the State Department af Health or its designated agent, priar to buriol, cremation, ar remaval, and in any event within 72 hours after death. delay is TO DEPUTY MELICAL EXAMINER: This certificate should be executed within 24 hours ofter death. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. pleose execute the certificate, writing the ward 5 moy be retoined for your files.

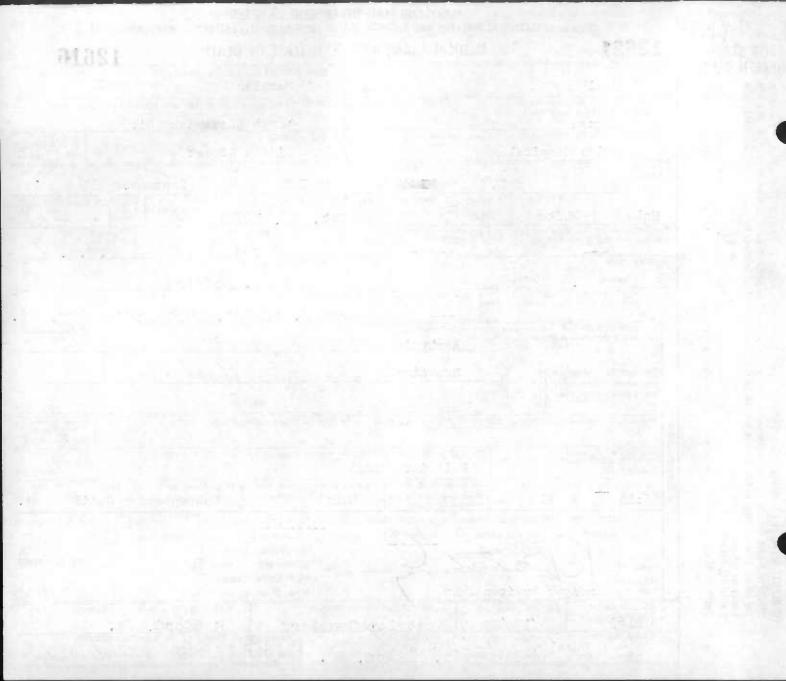
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12616

a COUNTY Cecil b. CITY OR TOWN (if outside carparate limits, write RURAL and give nearest fown) Elkton A. MANG OH STAPILLOR (if out in hospitol, give street address) A. MANG OH STAPILLOR (if out in hospitol, give street address) A. MANG OH STAPILLOR (if out in hospitol, give street address) A. MANG OH STAPILLOR (if out in hospitol, give street address) A. MANG OH STAPILLOR (if out in hospitol, give street address) A. MANG OH STAPILLOR (if out in hospitol, give street address) A. MANG OH STAPILLOR (if out in hospitol, give street address) A. MANG OH STAPILLOR (if out in hospitol, give street address) B. Biddle Street ADKINS B. Biddle Street ADKINS B. ABIE	1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived, if in:	titution: Resider	nce before	admissi	on)
North Chesapeake City SESSERIE SESSERI	a COUNTY Ced	cil		MARYL	AND	o. STATE Maryland b. COUNTY Cecil					
STATEST NORTH Chesapeake City			C.	LENGTH OF STAY IN	1b	c. CITY OR TOWN (If ou	itside carparate limits, write	RURAL and giv	e nearest	tawn)	
A NAME OF HOSPITAL OR INSTITUTION (He or in hospital, give street address) District SPESIFORME On A FARMS,						North	Chesapeake	City		NB	-/
STATE STAT			haspital, give	street address)					e		
DECESSED (Type or print) NEAL MICHAEL ADKINS DEATH September 11 19 66 5 SEX 6 COLOR OR RACE 7. MARRIED NEVE MARRIED NEVE MARRIED DIVORCED DIVORCED Oct. 20, 1955 10 SUAL OCCUPATION (Give kind of work done duning most of working life, even if retired) 10 SUAL OCCUPATION (Give kind of work done duning most of working life, even if retired) 13. FAIHERS NAME PTHA F. ACKINS S. WASDICEASED FVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ODE THY (Enter only one couse per line for (p), (b), and (c)) PART I DEATH WAS CAUSED BY ON SET AND DEATH OCCUPATION (Give kind of work done duning most of working life, even if retired) DIVORCED 14. MOTHER'S MADREN NAME Annie Annie Annie I.A. MOTHER'S MADREN NAME Annie Annie Annie I.A. MOTHER'S MADREN NAME And I.A. MOTHER'S MADREN NAME I.A. MOTHER	Un:	ion Hospital				Bidd:	le Street		Y		
Time or print NEAL MICHAEL ADKINS DEATH September 11 19 60							05				
Male White WIDOWED DIVORCED Oct. 20. 1955 lost burgidary) Months Days Hours Min. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refused) 100. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITZEN OF WHAT COUNTRY? Texas 12. CITZEN OF WHAT COUNTRY? Texas 13. FAITHERS NAME MOTHER'S MANDEN NAME MOTHER'S MOTHER'S MOTHER'S MOTHER'S MANDEN NAME MOTHER'S MOTH		NEAL	L	MICHAEL		ADKINS	DEATH Sep				
10. USUAL DCCLUPATION (Give kind of work done during most of working life, even if refused) 10. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? COUNTRY? 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY? 13. MAIDEN NAME 14. MOTHES MABIDEN NAME 14. MOTHES MABIDEN NAME 15. WAS DECEASED EVER IN U.S. ARABDE PORCES? (Ves. no. or unknown) [If yes give wor or delete of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH (Finer only one course per line for (a), (b), and (c).) Asphyxia DUE TO Conditions, if any, which gave nise to immediate cause (a) DUE TO Lost immediate cause (b) Drowning 19. WAS AUTOPSY PERFORMED? YES ON DESCRIBE HOW INJURY OCCURRED 20. EXTERNAL CAUSE WAS PRIMARY SO or CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES ON DESCRIBE HOW INJURY OCCURRED 20. EXTERNAL CAUSE WAS PRIMARY SO or CONTRIBUTING 20. EXTERNAL CAUSE	S. SEX		MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In year	S IF UNDER			
INDUSTRY Texas COUNTRY	Male	White	WIDOWED	DIVORCED		Oct. 20. 1		'S.	Doys	110013	191(191.
Texas U.S.A.						11. BIRTHPLACE (State	or fareign country)			WHAT	
13. FATHER'S NAME	auring most of working	g me, even in renired)		K1		Тех	cas	Ü	S A		
15. WAS DECEASED EVER IN U. S. ARMED PROKES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17. INFORMANT 17. INFORMANT Address 17. INFORMATION Address 17. INFORMATION Address 1	13. FATHER S NAME										
15. WAS DECEASED EVER IN U. S. ARMED PROKES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. Address 18. SOCIAL SECURITY NO. 17. INFORMANT 18. Address 18. SOCIAL SECURITY NO. 18. MINERAL BETWEEN 18. MINERAL BETWE	Erna	F. Adkins				Annie i	. McGuire				
Respect	15. WAS DECEASED EV	VER IN U.S. ARMED FORCES?		AL SECURITY NO.	17. 1			ddress			•
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY.		(If yes give war ar dates of se	rvice)		101	ons To Adl	ring Ches	anealre	dit		100
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		DEATH (Enter only one cause)	per line far (a).	(b), and (c),)	in its	HO I AU	THE OHIOGE		-		WEEN
DUE TO Conditions, if any, which gave nise to immediate cause (a), stating the underlying cause lost. DUE TO (c)		ATH WAS CAUSED BY:							ONSE	T AND D	EATH
Conditions, if ony, which gave is to immediate cause (a). Stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 200. EXTERNAL CAUSE WAS PERFORMED? YES NO 200. EXTERNAL CAUSE WAS CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS FRIENDLY Month, Day, Year CAUSE OF DEATH. 201. TIME OF INJURY Month, Day, Year Struck Not While Not While Not While CAUSE OF DEATH. 202. TIME OF INJURY Month, Day, Year of the otwark of work of the remains described above, held an Autopsy IX. Inspection I, Inquiry I, and in my opinion death resulted from: Natural causes I, Accident IX. Suicide I, Hamicide I, Undetermined manner ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE EXAMINER'S NAME (Type) Rudiger Breitenecker ACTUAL SIGNATURE EXAMINER'S NAME (Type) Rudiger Breitenecker 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 231. DATE SIGNED STORM (City or Town) (County) (State) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 19. WAS AUTOPSY PERFORMED? 19. WAS AUTOPSY PERFORMED? 10. City or fown (County) (State) 10. County II of them Is.) 11. Certify that I tack charge of the remains described above, held an Autopsy IX. Inspection I, Inquiry I, and in my opinion death resulted from: Natural causes I, Accident IX. Suicide I, Hamicide I, Undetermined manner II 22c. DATE SIGNED 23d. BURIAL, CREMATION, (City or Town) (County) (State) PART II. OTHER SIGNED IN PART I(a) 19. WAS AUTOPSY PERFORMED? 19. WAS AUTOPSY PERFORMED? 19. WAS AUTOPSY PERFORMED? 10. CITY OF THE TERMINOR II on the II of them Is.) 19. WAS AUTOPSY PERFORMED? 10. CITY OF THE TOWN II of PORT II of Por	929	V	110	pilyila							
DUE TO stating the underlying cause	Canditians, if an	LCI .	Dr	owning							
Dot Part Other Significant conditions contributing to Death but not related to the terminal disease condition given in Part (a) 19. Was autoPsy Perrormed 19		ate cause (a), (
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING TO CANAL 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) Fell into canal 5:15 p.m. 9 11 1966 at work to at work t											
PERFORMED? YES NO No	PART II OTHER		RIBUTING TO DE	ATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE COM	IDITION GIVEN IN PART 1(a)	119 V	VAS AUTO	PSY
21. I certify that I taak charge of the remains described abave, held an Autopsy X, Inspectian , Inquiry , and in my opinian death resulted from: Natural causes , Accident X, Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE	ATION	5.5111.013			10 1	TE TENNINGE DISEASE CO.	ionion onen mirrani ijo		P	ERFORM	ED?
21. I certify that I taak charge of the remains described abave, held an Autopsy X, Inspectian , Inquiry , and in my opinian death resulted from: Natural causes , Accident X, Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE	200. EXTERNAL O		20b. DESCRIE	BE HOW INJURY OCC	URRED. (Enter nature of injury in	Part I or Part II of item 18.)			
21. I certify that I taak charge of the remains described abave, held an Autopsy X, Inspectian , Inquiry , and in my opinian death resulted from: Natural causes , Accident X, Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE	CAUSE OF DEATH.	ONTRIBUTING [Fe1	1 into ca	anal						
21. I certify that I taak charge of the remains described abave, held an Autopsy X, Inspectian , Inquiry , and in my opinian death resulted from: Natural causes , Accident X, Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE	₹ 20c. TIME OF IN	JURY Month, Day, Year	20d. INJUR	OCCURRED C) (Car	unty)	(:	State)
21. I certify that I taak charge of the remains described abave, held an Autopsy x, Inspectian , Inquiry , and in my opinian death resulted from: Natural causes , Accident x, Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER X DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 9/12/66 230. BURIAL, CREMOVAL (Specify) 9/15/66, Westview Cemetery Radford, Va.	5:15° "	9 11 1966	While	Nat While	facto	ry, street, office bldg., etc.)	Chesape	ake C	ecil		Md.
death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) Rudiger Breitenecker Address (Street, city, town, or county) 9/12/66 230. BURIAL (REMOVAL (Specify) 9/15/66 Westview Cemetery Radford, Va.	21 I certi	fy that I tank charge o			ive hel	d an Autonsy	Inspection [nauiry 🗍	and i	in my	oninian
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Rudiger Breitenecker 220. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 9/12/66 230. DATE THEREOF 230. NAME OF CEMETERY OR CREMATORY 231. DOCATION (City or Town) 232. DATE SIGNED 24. DATE SIGNED 25. DATE SIGNED 25. DATE SIGNED 26. DATE SIGNED 27. DATE SIGNED 27. DATE SIGNED 28. DATE SIGNED 28. DATE SIGNED 28. DATE SIGNED 29/12/66 29/12/66 29/12/66 20/12/66								, ,	1	iii iiiy i	philian
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Rudiger Breitenecker 220. DATE SIGNED DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 9/12/66 230. DATE SIGNED 221. DATE SIGNED 222. DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 9/12/66 230. DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 9/12/66 230. DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 9/12/66 230. DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 9/12/66 PROVAL (Specify) 9/15/66 Westview Cemetery Radford, Va.	dedin leso	, a	doses [],	Accident [1-],	JUICI			maillei [_			
EXAMINER'S NAME (Type) Rudiger Breitenecker Address (Street, city, town, or county) 230. BURIAL, CREMATION, PREMOVAL (Specify) BULL 13 PREMOVAL (Specify) 9/15/66 Westview Cemetery Radford, Va.		1/1/20	1117	(/		ACCIETANT MED			22	. DATE	SIGNED
NAME (Type) Rudiger Breitenecker Address (Street, city, town, or county) 230. BURIAL, CREMATION, REMOVAL (Specify) 9/15/66 Westview Cemetery Radford, Va.		1 Marie		1							
230. BURIAL, (REMATION, PRINCIPLE) 230. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 9/15/66 Westview Cemetery Radford, Va.	NAME (Type)	Rudiger Breit	enecker						9	/12/	66
	23a. BURIAL, CREMAT	ION, 23b. DATE THEREC			ERY OR C	REMATORY	23d. LOCATION (City or	Tawn)			
	Burial Specif	9/75/	66	Westvie	W C	emeterv	Radfor	d. Va.			
	24. FUNERAL DIRECT	OR I S	0/10	ADDRESS		25o. REC'D	BY REGISTRAR 25b.	REGISTRAR'S S	IGNATURE		
Hicks Howe for Funerals, likton, Md. DATE SEP 15 1966 golvanles Judge	Hicke	Torde Tor This	narata	Etio	n.	Md DATE SI	F 1 5 19\$6	Jelian	elen (Juda	u.

VR A15ME (5) 6M 1/66



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA

QN	OF	STATISTICAL	RESEARCH	AND	RECORDS,	301	W.	PRESTON	STREET,	BALTIMORE 1,	MARYLAND
2			C	ERT	IFICATE	0	F	DEATH		126	17

1.	PLACE OF DEAT	Н				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
	a. COUNTY Ce	cil		MARYLA	NO	a. ST Maryland b. COUNTY Cecil
	b. CITY DR TDW	N (If outside corpora	te limits,	c. LENGTH OF STAY I		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town
	Write	N (If outside corpora and give nearest tov	/n)			Elkton
	d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not in h	ospital, give street add	iress)	d. STREET AODRESS e. IS RESIDENC
	Unten	Memoria]	Hosp	ital		7 Reed Hartnett St. DN A FARM?
3.	NAME OF DECEASED	F	rst	Middle		Last 4. DATE Month Day Year
	(Type or print)	Mary		Rebecca	1	Bedwell DEATH September 1019 66
5.	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIE.		8. DATE OF BIRTH 9. AGE (In years IFUNOER 1 YEAR IF UNDER 24 HR: last birthday Months Days Hours Min.
	emale	White	WIODWED			Dec. 7-1903 62 yrs.
du	House		done 10b. K	IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland
13	. FATHER'S NAM					14. MOTHER'S MAIOEN NAME
		Archie Fi				Julia R. Rolph
15 (Y	5. WAS OECEASED	EVER IN U.S. AR MED FO (If yes give war or dates	RCES? 16.	SOCIAL SECURITY NO.		INFORMANT Address
1	.,,,	(11,700,010,010,010,010,010,010,010,010,0			Ho	oward Bedwell-Elkton, Md.
	18. CAUSE DF	DEATH [Enter only or	e cause per l	ine for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND GEATH
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE		terioscle	rot	tic Heart Disease
	4201	OUE	* * * * * * * * * * * * * * * * * * * *			
	Conditions, If	any, which }	(b)			
	gave rise to cause (a), s		10			
	underlying caus		(c)			
NO.	PART II. DTHER	SIGNIFICANT CONDITION	ONSCONTRIB	UTING TO OEATH BUT NO	TRELA	ATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
ICAI	Con	onawy occ	lusion	previou	s C	CVA with hemiplegia YES NOT
CERTIFICATION	1 20a ACCIDENT	WAS UNDERLYING ING CAUSE OF DEA	- 1 2mb.			URREO. (Enter nature of Injury in Part I or Part II of Item 18.)
SA	20c. TIME OF	INJURY Month, Oay,	Year 20d. I	NJURY OCCURRED 20	e. PLA	CE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Hour a.i	m. 19	While at wor		tacto	pry, street, office bldg., etc.)
2				ed the deceased fro	m	5 Sept 19 60to lo Sept19 that (1) (we) las
	saw the de	reased alive on	10 Ser	t 19 00 an	d that	t death occurred at 5: 4M from the causes and on the date stated above
	22a. SIGNATU		-1)	1	u tilut	22b. DATE SIGNEO
	1 10	allens	Allon	1 alon 1	M.D	D. ATTENDING MED. OIRECTOR PHYS. 10 Sept 66
	22c. PHYSICIA		- Cur	- SALAV		22d. ADDRESS
	NAME (T	ype) Wal.	llace	Obenshain	, M.	.D. Ceciltokn, Md.
23	a. BURIAL, CREM	MATION, 23b. OATE	THEREDF	23c. NAME OF CEM	ETERY	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL 1SE	Sept	. 12	Church H	Hil:	Church Hill. Md.
24	. FUNERAL OIR	ECTOR	,	AOORESS		25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Edans	dida	no) CI	hurch Hill	. 1	Md. OATE SEP 13 1966 Charles Judan
-	2000	7. 7.	1.75			

VR A15 (4)

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.ta	dendrich Beeff T	Regional Introns- nobal
	Sec. 7-1905 1 62	
	Adda N. H. Silve	
	- Midder's Judget!-Eleton	
	A Branda Bran Mariano	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY deoth. MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and write RURAL and give nearest town) after 35 min. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hours ON A FARM? HOSPITA ate NO C Middle 3. NAME OF DATE Month Year DECEASED OF DEATH Lee. (Type or print) IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthdoy) Months WIDOWED 10a. USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY during phost of working life (even if retired) DUNTRY 2 anv 14. MOTHER'S MAIDEN NAM 13. FATHER'S NAME = File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO be executed permit. (Yes, no, or unknown) (If yes give wor or dates af service) remaval, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Cervical 10 IMMEDIATE CAUSE (o) This certificate should writing the word burial, cremotion, DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? designated agent, prior to 2Do. EXTERNAL CAUSE WAS PRIMARY → or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) should Driving in one car collision with tree on huvy. **EXAMINER:** CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, the funeral director. Page 4 si 5 may be retained far your fi TO FUNERAL DIRECTOR: Page 3 Not While Side of NVV While of work of work Inquiry and in my apinian 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection . Natural causes . Accident P. Suicide death resulted fram: Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) 230 BURIAL CREMATION. 23b. DATE THEREOF LOCATION (City or Town EMOVAL (Specify) 2Sa. RECD BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 .

12624

CERTIFICATE OF DEATH

12619

PLACE OF DEATH COUNTY	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) O. STATE B. COUNTY Harford
Cecil MARYLAND b CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Perry Point 3 mos 2 day	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Veterans Administration Hospital	320 Baltimore Pike YES NO
3. NAME OF First Middle DECEASED TATTITAM T	Lost 4. DATE Month Doy Year
(Type or print) WIDLIAM	BROWN DEATH September 19 19 66
S. SEX 6. COLOR OR RACE 7. MARRIED MEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Doys Hours Min.
Male White WIDOWED DIVORCED X	7-12-19 47 yrs.
100. USUAL OCCUPATION (Give kind of work done duping most of working life, even if retired)	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Janitor Board Educat.	ion Aberdeen, Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Roy J. Brown (D)	Elizabeth Morris (D)
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	7. INFORMANT Address
(Yes, no, or unknown) (If yes give war ar dates of service) Yes WW II 214-16-5945	A Hospital Records, Perry Point, Md.
1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Brain tumor wit!	n generalized metastasis unknown
DUE TO	
Conditions, if ony, which gove) (b)	
rise to immediate couse (o), storing the underlying cause DUE TO	
last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 1	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
NO TO THE PART OF	PERFORMED?
≥ 200. ACCIDENT WAS UNDERLYING □ 205. DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in Port I or Port II of item 1B.)
OR CONTRIBUTING CAUSE OF DEATH	
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour a.m. While — Not While —	foctory, street, office bldg., etc.)
p.iii. I diwoik — oi work —	Town 30 1066 to Comb 30 1066 About (1) Combine
21. I certify that XIX (this haspital) attended the deceased fram	hat death accurred at 9:40M, fram causes and on the date stated above
220. SIGNATURE	22b. DATE SIGNED
220. SIGNATURE SI EL REPUBLICA DE LA CONTRACTOR DE LA CON	M.D. ATTENDING MED. STAFF PHYS. 9-19-66
22. PHYSICIAN'S NAME (Type) JOEL BLANCAFLOR, M.D.	VA Hospital, Perry Point, Md.
230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
19-22-66 Baltimore	National Baltimore, Maryland
24. FUNERAL DIRECTOR Council C. Cauge ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
Tarring Funeral Home, Aberdeen, Mary	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please, remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, crematian, or removal, and in ony event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificote be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

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Materia .as	to D. D. Lagrand and James I.	Log - Co- C
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2625 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Peciden

1.	PLACE OF DEATH a. (OUNTY Cecil	MARYLAND	O CTATE	Where deceased lived, if institution: Reside 71and b. COUNTY	nce before admissian)
	b. CITY OR TOWN (If outside carparote limits, write RURA) and give nearest town) Port Deposit			tside carporate limits, write RURAL and giveryville	ve nearest tawn)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
	Rt. 222, N. of Port	Deposit	Mayv	vood Avenue	DN A FARM? YES NO
3.	NAME OF First DECEASED (Type or print) JOHN	Middle WILSON	Last BURLIN	4. DATE Month OF DEATH September	Day Year 18 19 66
S.	SEX 6. COLOR OR RACE 7. 1	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Manths	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
	Male White W	VIDOWED DIVDRCED	June 16.	1948 18 Yrs.	buys muois min.
ur	n USUAL OCCUPATION (Give kind of work dane ing most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY	Penna.	CC	TIZEN OF WHAT DUNTRY? T. S. A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME	
	Roland C. Burlin	Sr.	Mazie L	Weir	
	WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknawn) (If yes give war ar dates af serv		NFORMANT	Address	
	110	1217-59-5888 M	azie I. Bi	irlin. Perryvil	Le Md
	18. CAUSE OF DEATH (Enter only one cause pe	er line for (a) (b) and (c))			INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Multiple Traumatic	Injuries.		ONSET AND DEATH
	DUE TO				
	Canditians, if any, which gave) (b)_				
	rise to immediate cause (o), Stating the underlying cause DUE TO				
	last. (c)				
CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES X NO
TIFIC	20g. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in P	Part I ar Part II af item 18.)	
ER	PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	Passenger in auto	into fixed	object.	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year	20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm,	, 20f. (City ar tawn) (Ca	unty) (State)
MED	Haur a.m. PRIXX 9/18 1966	While Not While at work at work	Street, office bldg., etc.)	Port Deposit C	ecil Md.
	21. I certify that I toak charge of		ld an Autopsy X,	Inspection , Inquiry ,	ond in my opinion
		/ \	ide, Homicide		
	ACTUAL (D)		CHIEF MEDICAL	EXAMINER	OO DITT COURT
	SIGNATURE Charles	· S Keeley	_ M.D.	CAL EXAMINER (X)	22. DATE SIGNED
	EXAMINER'S NAME (Type) Charles S. P	etty, M.D.		L EXAMINER 9 . city, town, ar county)	/18/66
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR (CREMATORY	23d. LOCATIDN (City or Tawn)	(County) (State)
	REMOVAL (Specify) Burial Sept. 27	1.1966 Honewell	Cemetani	Port Deposit BY REGISTRAR 25b. REGISTRAR'S S	Md
24	EUNERAL DIRECTOR	ADDRESS			
1 /	well of bestellen	C-17 D-177	- BER DATE CI	ED an 10cc Mile	alo. Testas

VR A15ME (5) 6M 1/66

5 may be retoined for your files.

OR STA

2, and 3 to PM3. Page deloy is

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with farm

necessary, please execute the certificate, writing the word

O DEPUTY MESTAL EXAMINER:

This certificate should be executed within 24 hours after deoth.

pages 1 and 2 with the State Department of in ony eyent within 72 hours after death.

File

Health or its designoted ogent, prior to buriol, cremation, or removol, and TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12525 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY MARYLAND New Jersey Cecil c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 26 yrs. 3 mes. Burlington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NO SE 935 Mount Road Veterans Administration Hospital 4. DATE Month Doy Year NAME OF Middle Lost DECEASED September 29 19 66 CLATTERBUCK remove corb WILLIAM DEATH (Type or print) YFAR IF UNDER 24 HRS. AGE (In years IF UNDER 6. COLOR OR RACE DATE OF BIRTH S SEX 7. MARRIED NEVER MARRIED Months birthdoy) Doys Hours 8-26-99 WIDOWED DIVORCED White Male 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY Laurel, Maryland Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 212-18-7383 VA Hospital Records, Perry Point, Md. Yes WW INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) 3 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary Congestion and Edema IMMEDIATE CAUSE (o) DUE TO Arteriosclerotic Heart Disease Imknowh Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Arteriosclerosis - Generalized Unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? Marked Distension of small bowell - Cause Unknown YES X NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While ot work at work 21. I certify that XI) (this haspital) attended the deceased from July 2 1940 , to Sept. 29, 1966 , that xix knex has saw the deceased dive of which was the stated above. 22b. DATE SIGNED 22o. SIGNATURE 9-29-66 DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S VA Hospital, Perry Point, Md. NAME (Type) B. ROTHFELD, M.D.

FUNERAL DIRECTOR: After this certificate ha irector, page 3 should be detached for use hould he filed with the State Dept. af Health p director, poge 3 should be filed v

24 hours after death

executed within

certificate

the death

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physicion. 0

VR A15 (4) 20 M 1/66

23b. DATE THEREOF

Funeral

23c NAME OF CEMETERY OR CREMATORY Meadowridge Mem.

Home, Perryville, Md.

23d. LOCATION (City or Town) Baltimore

(County) (Stote)

230 BURIAL CREMATION, REMOVALISMENTY) ADDRESS 24. FUNERAL DIRECTOR

2Sq. REC'D BY REGISTRAR DATE OC

Cem

25b. REGISTRAR'S SIGNATURE Messely 1986

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, **BALTIMORE 1, MARYLAND** MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission e. COUNTY Page b. COUNTY necessary o. ral director. Page for your files. FC MARYLAND Department death. b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neeres) town) write RURAL and give neerest town) SAPEAICE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? funeral after State refained YES T NO V 3. NAME OF First Middle 4. DATE Dey DECEASED OF 3 to the hours with the 72 hours (Type or print) DEATH 0 19 pe 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX B. DATE 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS ge 5 may band 2 with within 72 last birthday) and Months Deys Hours DIVORCED WIDOWED 2,2 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY d "pending" in pencil in Item 18. Give Pages 1, 2 Examiner's Office along with form PM3. Page e used as a burial-transit permit. File pages 1 and it cremation, or removal, and in preserved. done during most of working life, eyen if ratired) MADE 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Entar only ona cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gava rise to immediate cause DUE TO (a), steting the underlying causa last. be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION writing the word we Chief Medical Ex Page 3 should be unt, prior to burial, burial PERFORMED 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. the c. MEDICAL Mogith, Dey, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) factory, street, office bldg., atc.) While Not While & please execute the certificate, v 4 should be forwarded to the O FUNERAL DIRECTOR: P at work at work the certificate, Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry 50 and in my opinion DICAL designated death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE .± DEPUTY DEPUTY MEDICAL EXAMINER 5 EXAMINER'S NAME (Type) Address (Street, city, town, or county please 4 shoul O FUN Health 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or county) REMOVAL (Specify) ST, AUGUSTINE KIAL HUCUSTINE 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR AISME 66 DATE U 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12028	CERTIFICATE	OF DEATH	126	23
1. PLACE OF DEATH a. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Where deceased a. STATE North Carolina	b. COUNTY John	nson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Perryville	c. LENGTH OF STAY IN 16 699 days	c. CITY OR TOWN (If autside corporate Smithfield	limits, write RURAL and give I	nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in VA Hospital, Perry 1		d. STREET ADDRESS None		ON A FARM?
3. NAME OF First DECEASED (Type or print) Willie	Middle	Lost 4 DATE OF DEATH		Day Year 1, 19 66
S. SEX 6. COLOR OR RACE 7.	THE VERY IMPARTIES	8-26-98 9. A		YEAR IF UNDER 24 HRS. Days Haurs Min.
Male White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter 13. FATHER'S NAME	NOT THE PROPERTY OF BUSINESS OR INDUSTRY Painting	11. BIRTHPLACE (County & State, or fareign	rot.h COUN	ZEN OF WHAT NTRY?
John A. Creech		Celester E.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates af ser YES WW I	rvice)	MFORMANT Hospital Records,	Address Perry Point,	Md .
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause (c) (c)	Broncho pneumonia Carcinoma of left: creas	lung with metastas	is to pan-	1009 And Abys to 1 1 tax1/2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO T rotic heart disease	THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
Arterioscler 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I ar Part II	of item 1B.)	
20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19	While at work at work	ory, street, affice bldg., etc.)	(Coun	, , , , , , , , , , , , , , , , , , , ,
SOVXIXEX NECEDIAL TOUR XXXXXXX	attended the deceased fram Ω	ctober 10 , 1964 , tob t death accurred at 5 a.M.	from causes and an the	e date stated abave.
22c. PHYSICIAN'S NAME (Type) Edward O F	Clehent in DMI Hunt MD	D. ATTENDING MED. DIRECTOR DIRECTOR DIRECTOR VA Hospital, F	STAFF PHYS. PHYS.	11/66
236-BURJAL CREMATION, 23b. DATE THEREO.	966 Arlington Na	tional Cem F	t. Meyer, Vi	County) (State)
Patterson Funeral Ho	ADDRESS Me, Perryville, M		1966 PCLient	SNATURE Condition

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and canalists directar, page 3 should be detached far use as the burial-tronsit permit. Then please remove can should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, or VR A15 (4) 20 M 1/66

filled in by the funeral on papers. Pages 1 and within 72 hours after death

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FOR STATE

DEPUTY P. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, lease execut.

Strifficate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the strifficate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the strifficate, writing the word "bending" in Item 18. Give Pages 5 may be retained for your files. FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, r its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. I

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12023 MEDICAL	F EXAMINEK 2	CERTIFICAT	E OF DEATH	12624
1. PLACE OF DEATH e. COUNTY				institution: Residence before edmiss
Cecil	MARYLAND	• STATPennsy	lvania b. COUN	Chester /
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	outside corporate limits, write	e RURAL end give neerest town)
-Ebster Conowingo	30 min.	0xford	1, Rd. #3	75.2
d. NAME OF HOSPITAL OR INSTITUTION (if out in her Conowingo, Mary Land	spitel, give street eddress)	d. STREET ADDRESS		. IS RESIDEN
Whirlpool Will Inn	Rt. 222	Rd. #3		ON A FAR
3. NAME OF AGS +	3000 /- 1 VS		4. DATE Month	
(Type or print) ELVILLE	HARRY	THOMAS	OF	ember 20, 19 66
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HI
Male White WIDOWS	D DIVORCED	lov.14.1925	lest birthday) 40 yrs.	Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR		or foreign country)	12. CITIZEN OF WHAT COUNT
	ilding Contr	acton Coos	1 Co Wa	U.S.A.
13. FATHER'S NAME	ilding Contr	14. MOTHER'S MAIDENT	RAME CO. Md.	Usbens
Thomas L. Elville		Grace B.	amphell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
Yes 3-11-45 2-6-47	179-24-2343	Mabel D. E	lville Oxf	ord R. D. #2
18. CAUSE OF DEATH [Enter only one cause per l				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphy	yxia			ONSET AND DEATH
DUE TO				
Conditions, if eny, which \ (b) Aspi:	ration of food			
geve rise to immediate cause (e), stating the underlying DUE TO				
cause lest. (c)				
	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOP
THE STATE OF THE S				YES NO
	IBE HOW INJURY OCCURED. (E	inter nature of injury In Pert	I or Pert II of item 18.)	
PRIMARY OF CONTRIBUTING ASP	irated sausage			
0		CE OF INJURY (Home, farm,		(County) (State)
6:45 p.m. 9/20 1966 of wor		ory, street, office bldg., etc.) Staurant	Conowingo	Cecil Md.
21. I certify that I took charge of the rem	nains described above, he	ld an Autopsy X.	nspection , Inquir	y . and in my opinion
death resulted from: / Matural causes	Accident X. Suici	ide . Homicide	Undetermined ma	
1/)1/	0 0	CHIEF MEDICAL EX	(AMINER	
ACTUAL	tour	M.D. ASSISTANT MEDIC	CAL EXAMINER X	DATE SIGNED
SIGNATURE ///	ar y	DEPUTY MEDICAL	EXAMINER [
EXAMINER'S Rudiger Breiter	necker		ty, town, or county)	9/21/66
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		22d. LOCATION (City, lown,	or country) (Stele)
Burial 9-24-66	Hopewell Cer	m. P	ortdeposit	Md.
25 PUNERAL DIRECTOR ON ON	ADDRESS		BY REGISTRAR 246. REGI	
Demong. 1/17/Julle	Rising Su	n. Md. DATE S	EP 2.6 1866	Marle Judge

Con struction labor boilding Contractor Cool Cool No. 13.4. Thomas L. Miville Grace B. Campbell Yes 3-11-45 2-6-47 179-24-2363 Mabel D. Elville Oxford E: D. 2 The Marine Sun, Miller Hall and The Marine

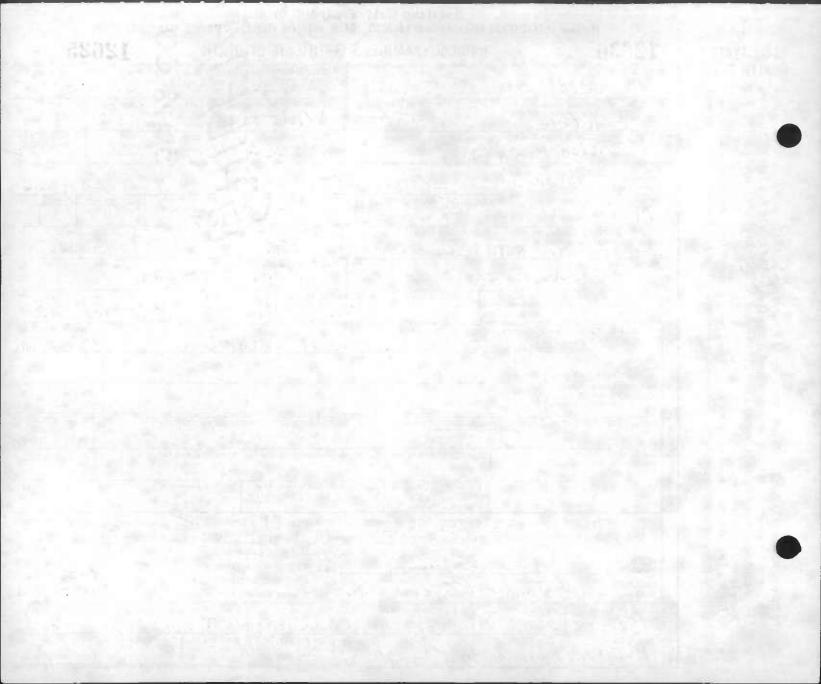
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY Page eci death. MARYLAND delay ment c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. and PM3 write RURAL and give peorest town) D. O. A. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Whitford & Clovermill Rda. Item 18. Give Pages 1, Office along with form De hours ON A FARM? NO ofe 24 haurs ofter death. 3. NAME OF Middle Year 3 5 OF DEATH DECEASED 0 rence ester 1966 (Type or print) within IF UNDER 1 YEAR S SEX 9. AGE (In years with NEVER MARRIED lost birthdoy) Months WIDOWED DIVORCED event 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 2. A. during most of working life, even if retired)
School Teacher -Ret. Education any 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAMI Corrigan _= Evans puo 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service) or remayal. Mrs. Mati We Evans. Whitford . Pa INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) Myocardial Infarction ONSET AND DEATH. buriol-fronsit PART I. DEATH WAS CAUSED BY: pe IMMEDIATE CAUSE (o) _ shauld mation, DUE TO Conditions, if ony, which gove 0 rise to immediate couse (a), DUE TO This certificate 0 Cre stoting the underlying couse forwarded last. burial, nsed PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? NO I pe prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) P PRIMARY Or CONTRIBUTING should 3 shoul EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor 20f. (City or town) (County) foctory, street, office bldg., etc.) While FUNERAL DIRECTOR: Page 19 ot work ot work designated Inspection 17. 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian Natural causes 1. Accident Suicide tuneral director. death resulted fram: Hamicide Undetermined manner may be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** Health (Address (Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 9

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATUR

VR A15ME (5)

24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death 130 after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY papers. Pages 1 a a. STATE b. COUNTY Ceci' aryland MARYLAND CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours wks. Elkton lkton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 Street Union Hospital NO X YES within letely completely ove carbon NAME DE First DATE Middle Last 4. Mon th Day Year and come remove carbo DECEASED OF (Type or print) DEATH Erguson Sept. 19 66 executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED A NEVER MARRIEO last birthday) Months I Oays Hours 1886 WIDOWED OIVORCED Aug. 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR = 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT be during most of working life, even if retired) INDUSTRY COUNTRY? and Education U.S.A West Virginia Teacher certificate removal, 13. FATHER'S NAME MOTHER'S MAJOEN NAME 后 been signed by the attending pithe burial-transit permit. Then it to burial, cremation, or remova William Haller Stalnaker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address + death (Yes, no, or unkown) (If yes give war or dates of service) Elkton. Ferruson. Md. Enoch 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the has be as the underlying cause last. (c) CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY 19. for use Health PERFORMED? certificate YES NO 3 or CERTIFI After this certifit be detached for State Dept. of the 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de Hour a.m. MEOI While Not While p.m. 19 at work at work retained 21. I certify that (1) (this hospital) attended the deceased from 196 19 6 6. that (1) (we) last and that death occurred at 6 15 AM, from the causes and on the date stated above. 19 6 saw the deceased alive on 22a. SIGNATURE DATE SIGNED 22b. pe page STAFF M.O. DIRECTOR PHYS. TO FUNERAL D director, pag should be file may TO HOSPITAL 22c. PHYSICIAN'S 22d. NAME (Type) Lanz kton Medical Park Joseph BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Buria Cemetery Elletion. FUNERAL DIRECTOR ADORESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) kton. 20M 1/65

FOR STATE

HEALTH DEPT delay is

Tond 2 with the State Department of

Office along with farm PM3. Page in pencil in Item 18. Give Pages 1, 2, and 3 to Health or its designated agent, prior to burial, cremotion, or removal, ond in any event within 72 hours after death. necessary, please execute the certificate, writing the word "pending" in pencil in the funeral director. Page 4 should be farwarded to the Chief Medical Exominers 5 may be retained for your files.

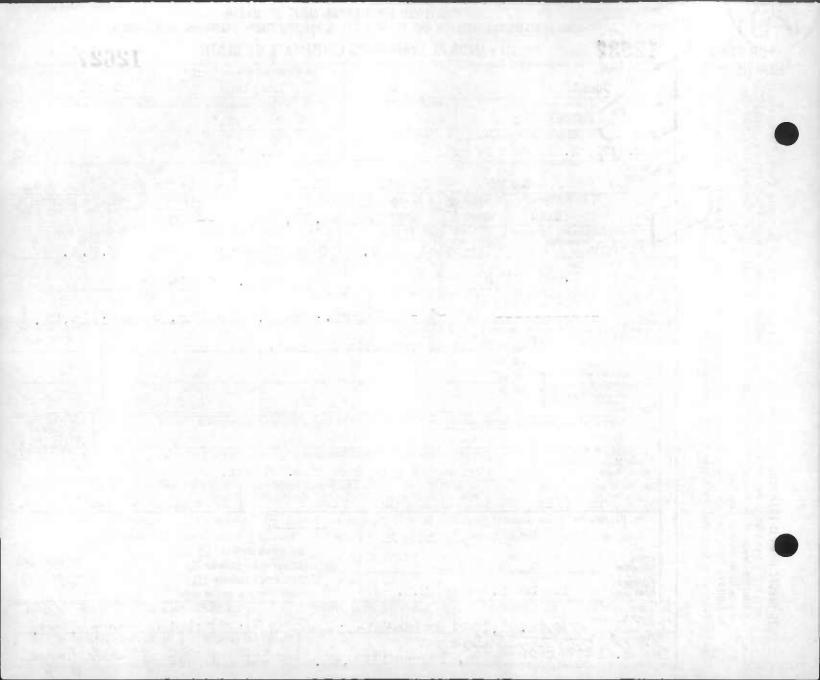
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deoth. If

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

H	12632		MED	ICAL EXAMI	NER'S	CERTIFICATE O	F DE	ATH	121	127		
	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where dec	reased lived, if institut	ion: Reside	nce befor	e admissi	on)
	a. COUNTY Ce	cil		MA	RYLAND	o. STATE Mary	land	d b. COU	NTY Ce	ecil		
	b. CITY OR TOWN (I	f outside corporate limit	S,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	write RURAL and give pearest town) Port Deposit					Perryville 07-/						
		AL OR INSTITUTION (If no		d. STREET ADDRESS e. IS RESIDENC ON A FARM								
	Rt. 222	, N. of Por	t Depo	sit		Rt.	40				YES	NO 🔀
	NAME OF DECEASED		rst	Middle		Last	4. DAT	E Man	h	Day	Ye	ar
	(Type or print)	LAF	RRY	GEORG	E	HIPKINS	DEA	TH Septem	ber	18		66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🔲	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER Months	1 YEAR Days	IF UNDE	R 24 HRS.
M	<pre>fale</pre>	White	WIDOWED	DIVORC	ED 🔲	Jan. 30.194	6	-21 20 yrs.	MOIIIII	Duys	110012	Min.
		(Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (State	or foreign	n country)		ITIZEN OF		
QUI	Laborer			ndel Con	ro.	West Vir	gin:	ia.	Ü	.S.	A .	
13.	FATHER'S NAME				1111	14. MOTHER'S MAIDEN N	AME					
	George	K. Hipk:	ins			Mildred	R. 1	Dickinso	n			
		R IN U.S. ARMED FORCES? (If yes give war or dates of		SOCIAL SECURITY NO.	17	INFORMANT		Addre	ess	E E		
(10	No -	(if yes give war or dates t	21	9-42-63	33 Mr	s.Gwen M.	Hit	okins.Pe	אדוד יין יין	1770	n Ma	
		ATH (Enter only one cau	ise per line for	(a), (b), and (c).)					2 4 77	INT	ERVAL BE	
	PARI I. DEAI	H WAS CAUSED BY: IMMEDIATE CAUSE	(a) Mult	iple Trau	matic	Injuries.				UN	SET AND I	JEATH
	8199	DUE	10									
	Conditions, if ony, rise to immediate		(b)							-		
	stating the under		TO									
	last.)	(c)									
NO	PART II. OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RE	ELATED TO 1	THE TERMINAL DISEASE CON	DITION G	IVEN IN PART 1(a)		19.	WAS AUT	DPSY ED?
CERTIFICATION											ES X	NO.
RTIFI	20g. EXTERNAL CAI PRIMARY 2 or COM		20b. DE:	SCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in F	Part I or I	Part II of item 1B.)		(1)	arti	.alj
I CE	CAUSE OF DEATH.					to fixed obj						
MEDICAL	2Dt. TIME OF INJU	RY Month, Day, Year		JURY OCCURRED		CE OF INJURY (Hame, farm,		(City or town)	(Co	ounty)		(State)
W	j×1	x 9/18 196		Not While at work		ory, street, office bldg., etc.) Street	F	Port Depos	it C	ecil		Md.
	21. I certify	that I took charge	e of the ren	nains described o	bove, he	ld on Autopsy 🕱,	Inspe	ction 🔲, Inqu	jiry 🔲,	ond	in my	opinion
	deoth result	ed from: Noture	ol couses	, Accident X] Suic	ide, Homicide	\Box ,	Undetermined m	anner [
	ACTUAL	01		//-		CHIEF MEDICAL					22. DATE	CICNED
	SIGNATURE	Char	les 1 1	elly		M.D. ASSISTANT MEDI						
	EXAMINER'S NAME (Type)	Charles	S. Pet	tv. M.D.		DEPUTY MEDICA Address (Street,				9/1	18/66	1
230	BURIAL, CREMATIO			1 23c. NAME OF CEA	AFTERY OF			LOCATION (City or To	wn)	(County)	10	itate)
-	REMOVAL (Specify)								*	(()	idle)
24	Urial JUNERAL DIRECTO	19901.2	0,1966	Princi	pio	Ceme territero	BY REGIS	incipio	GISTRAR'S	SIGNATUR	Mo	-
1	Cold. P	atterson	8 9	6	. 7 7				Mlis		-	.01

VR A15ME (5) 6M 1/66



12633

and campletely filled in by the funeral remave carban papers. Pages 1 and 2 remave carban 72 haurs ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 should be filed with the State Dept. of Health priar to burial, cremation, or remaval-and in any event, within 72 haurs ofter or

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial

VR A15 (4) 20 M 1/66

Page 4 may be retained by the hospital or ottending physician.

CERTIFICATE OF DEATH

12628

2000.	CERTIFICATE	OI DEATH		12020				
1. PLACE OF DEATH		2. USUAL RESIDENCE (\	Where deceased lived, if instituti	on: Residence before admission)				
a. COUNTY Cecil	MARYLAND	o. STATE Maryla	b. COUN	TY /				
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		utside corporote limits, write RUR	Al and give perret town				
write RURAL and give nearest town)				At and give nearest town)				
Perry Point	3 mos 14 day		ore	30-4				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol	, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
Veterans Administration	Hospital	1720 S	t. Paul Stree					
3. NAME OF First	Middle	Lost	4. DATE Month					
(Type or print) LOUIS	I.	HOLBROOK	OF DEATH Septemb	er 22 19 66				
S. SEX 6. COLOR OR RACE 7. MARRIE		DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.				
	separated		lost birthdoy)	Months Doys Hours Min.				
LIGTA MITTE	KIND OF BUSINESS OR	2-20-12	54 yrs.	12. CITIZEN OF WHAT				
	INDUSTRY	11. BIRTHPLACE (County	& Stote, or foreign country)	COUNTRY?				
Barber	eIf-employed	Baltimor	e, Md.	U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME					
Augustus D. Holbrook (D)	Gertrude	Sheckells	(D)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Addre					
(Yes, no, or unknown) (If yes give wor or dates of service)	30 26 6063 884	TT 1 2 20						
Yes WW II 2	18-26-6961 VA	Hospital R	ecords, Perry	Point, Md.				
18. CAUSE OF DEATH (Enter only one couse per line f	or (o), (b), ond (c).)	2 4 2 4 2		ONSET AND DEATH				
IMMEDIATE CAUSE (0)2 BY	oncho-pneumonia	, bilateral		2-3 weeks				
DUE TO								
(b)	Carcinnoma of ri		th metastases					
rise to immediate couse (a), stating the underlying couse	liver and necl	ζ.		$1\frac{1}{2}$ -2 years				
lost. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY				
0				PERFORMED?				
A recognization of the second	DESCRIPT HOW INDIVIDED OCCUPATED	F	D . 1 D . 11 C': 103	YES NO				
E 20o. ACCIDENT WAS UNDERLYING ☐ 20b.	DESCRIBE HOW INJURY OCCURRED. (three noture of injury in	Port I or Port II of Ifem 18.)					
(IF EITHER, NOTIFY MEDICAL EXAMINER)								
		E OF INJURY (Home, form		(County) (Stote)				
Hour o.m. 19 Whi	ile Not While of work focto	ory, street, office bldg., etc.)						
21. I certify that X (this hospital) atte		une 10	9 66 to Sent. 2	2 1966 Hone Hitelman School				
organista where well and the source was well	********** ond that	death occurred of	8:59M from couses of	and on the date stated above				
sex whe where the state of the								
220. SIGNATURE BE	11)	ATTENDING	MED. STAFF PHYS IX	1 0 00 66				
m physician's	M.C	PHYS. L	DIRECTOR PHYS.					
22c. PHYSICIAN'S NAME (Type) B CTMCT M 7			ital, Perry P	Point Md.				
De Dingii, Mei								
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR (23d. LOCATION (City or Tow					
REMOVAL (Specify) 1 9/26/66	Druid Ridge		Baltimore	e, Md.				
24. FUNERAL DIRECTOR	ADDRESSBalto.	Md. 250. REC'D	BY REGISTRAR 25b. REG	GISTRAR'S SIGNATURE				
Schimunek Funeral Home,	3331 Brehms L	ane, DATE S	FP 26 1000	201				

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	Sanfrent			liceC
	erostilos syst	Al man E	intol	Zusa Z
	1720 St. 2mil Stre		Lierrelalas	Veterans
	######################################	.1	SIUOL	161.4
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(0)	alfesteed structure.	(4)	Meetalol .	animizus.
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mana , 2-yil				
AARSEL 66 LEERAN AARSEL 60 LEERAN	Just 20 01 caus			
Polini, Pd.	VA Hospital, Petry			
		un lasılı e. 3351 desimi		Leycard danualicab

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

M		12634	A100 -		CERTIF	FICATE	OF DE	ATH			1262	94	4
-		PLACE OF DEATH						IDENCE (W	/here decease	ed lived, if institut		e befare	admissian) /
	(a. COUNTY Cecil MARYLAND				District of Columbia b. COUNTY							
	E				c. LENGTH OF STAY					e limits, write RU	RAL and give	nearest	tawn)
					93 days		Washington					120	9
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					d. STREET ADI		180011		- 4	e.	IS RESIDENCE
7			· ·				1		Stre	o+ C 7		YE	ON A FARM?
	_	VA Hospital, Perry Point, Maryland NAME OF First Middle					Last	5 001	4. DATE	Moni	th.	Day	Year Year
	. [DECEASED	First Frank		Raymond		Hopkins		OF	Septem		4.	19 66
	S. S	(Type ar print)	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		8. DATE OF BIRT	ru	DEATH	AGE (In years		-	F UNDER 24 HRS
		Male	White							last birthday)	Manths	Days	Haurs Min.
				WIDOWED	IND OF BUSINESS OR		June 24	1	2	69 yrs.	12 (17)	IZEN OF V	A/HAT
	duri.	ing most at working Guide	(Give kind af wark dane life, even if retired)	11	NDUSTRY touri	st	Washi			eign cauntry)	600	S'A	•
	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME			-	
Harry Hopkins						Lo	ttie	M. Sm	it.h				
							Lottie M. Smith INFORMANT Address						
	(Ye	Yes	(If yes give war ar dates	of service)	9-28-4167	V	A Hospit	tal R	ecord	2 Parmy	Point	- 1/sc	hae lime
	Yes WW I 579-28-4167 VA Hospital Records, Perry Point,								INTER	EVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malignant cachexia							ONSE	T AND DEATH				
		DUE TO											
		(anditions, if any, which gave) (b) Carcinomatosis diffuse 2 to 4								4 mont			
		rise to immediate cause (a), stating the underlying cause DUE TO Carcinoma of pancreas with widespread metastases 1 to a											
											1/2 yrs		
	_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY											
2	100											YES	ERFORMED?
	MEDICAL CERTIFICATION	20o. ACCIDENT WA		205. D	ESCRIBE HOW INJURY O	CCURRED.	(Enter nature af	injury in P	art I or Part	II af item 1B.)			
	E		CAUSE OF DEATH MEDICAL EXAMINER)										
	호		JRY Manth, Day, Year	20d. I	NJURY OCCURRED	20e. PLA	CE OF INJURY (H	ame, farm,	20f.	(City ar tawn)	(Caur	nty)	(State)
	WED	Haur 0.1	10	While		fact	tory, street, affice	bldg., etc.)					
-						from J	une 6	10	9 66 to	Sept. 4	19 €	бика	PHY We're
		21. I certify that (I) (this hospital) attended the deceased from June 6, 19 66, ta Sept. 4, 19 66, the Sept. 4 and the date stated above.											
		22g SIGNAVIRE / 22b. DATE SIGNED /) . /			
		De	hed 1.	15	elles	M.I	- 11113.		MED. DIRECTOR [STAFF PHYS.	9	-5-	-66
		22c. PHYSICIANS NAME (Type		56	GILL	15	22d. ADD	A //	50-	- PERR	y Por	in	MD
	23 a.	. BURIAL, CREMATIC		EREOF	23c. NAME OF CEM	ETERY OR	CREMATORY		23d. LOC	ATION (City or To	wn) ((Caunty)	(State)
		REMOVAL (Specific Removal)	BURIAL Sep 8.	1966	Arlingto	on Na	tional		Arl	ington,			Va.
	24.	. FUNERAL DIRECTO	IR)		ADDRESS		1		BY REGISTRA	AR 2Sb. RE	GISTRAR'S SIG	GNATURE	
		W.W. Cha	mbers	1	Washington	,D.C.		DATE SE	P 7	1996	Mary	les of	udge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. at Health priar to burial, crematical, of remaval, and in any event, within 72 hours after death. Poge 4 moy be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

A Marie Committee of the Committee of th the second product of the second second

FOR STATE

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page a within 24 haurs after death. If any delay is in pencil in Item 18. Give Pages 1, 2, and 3 ta This certificate shauld be executed within 24 haurs after death. If TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File Health ar its designated agent, priar ta burial, crematian, ar remaval, CAL EXAMINER: 5 may be retained far yaur files. ro DEPUTY

VR A15ME (5)

HEALTH DEPT. pages and 2 with the State Department of

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		12635	MEDICAL EXAMINER'S	CERTIFICATE OF	F DEATH 191	830		
		PLACE OF DEATH a. COUNTY CECIL	MARYLAND		here deceased lived, if institution: Resider yland b. COUNTY	nce befare odmission)		
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton	c. LENGTH OF STAY IN 16		side corporote limits, write RURAL and giv	EL KTON		
		d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospitol, give street address)	d. STREET ADDRESS		e. IS RESIDENCE		
1		Union Hospital, Elkto		HUTTO	NROAD	YES NO		
		NAME OF DECEASED (Type or print) FRANK	Middle V.	HUTTON Jr.	4. DATE Month OF September	Doy Year 5 19 66		
		M-1- III	MARRIED NEVER MARRIED 8	5 - 30 - 4	9. AGE (In yeors lost birthdoy) Months Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.		
		I. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR SINDUSTRY	11. BIRTHPLACE (State of	or foreign country) 12. Cl	TIZEN OF WHAT		
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME			
		WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dates of ser		DELO15 ONFORMANT	BROCLES Address RD	P ELKTONI,		
		18. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. (c)	2,0 70	FRHNK		INTERVAL BETWEEN ONSET AND DEATH		
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES P NO		
	CERTIFICATION	2Do. EXTERNAL CAUSE WAS PRIMARY Mor CONTRIBUTING □ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED. (I		,			
9,	MEDICAL	2Dc. TIME OF INJURY Month, Day, Yeor Hour XX 11:00 p.m. 9-4 19 66	2Dd INJURY OCCURRED 20e. PLACI While Not While Starto of work Otwork Hig	E OF INJURY (Home, form, op, street, office bldg., etc.)	2Df. (City or town) (Coulombile E. Earlev	ille (Stote)		
7		21. I certify that I taak charge of the remains described abave, held an Autapsy . Plasticial, Inquiry , and in my apinian death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner . ACTUAL SIGNATURE . ASSISTANT MEDICAL EXAMINER . 22. DATE SIGNED						
2		EXAMINER'S Russell S. Fi	sher, M.D.	DEPUTY MEDICAL Address (Street,	EXAMINER September	er 5, 1966		
,	B	BURIAL, CREMATION, REMOVAL (Specify) 9-8-1	66 IMMACCLATE	CONCEPTION 250. REC'D	CHERRY HILL BY REGISTRAR 250 REGISTRAR'S SI	(County) (Stote) CECIL, AND GNATURE		
10	1	IPPIN FUNERAL I	40 ME - FI HTO	W. NAD DATE SE	P 7 1966 Pella	rea Judge		

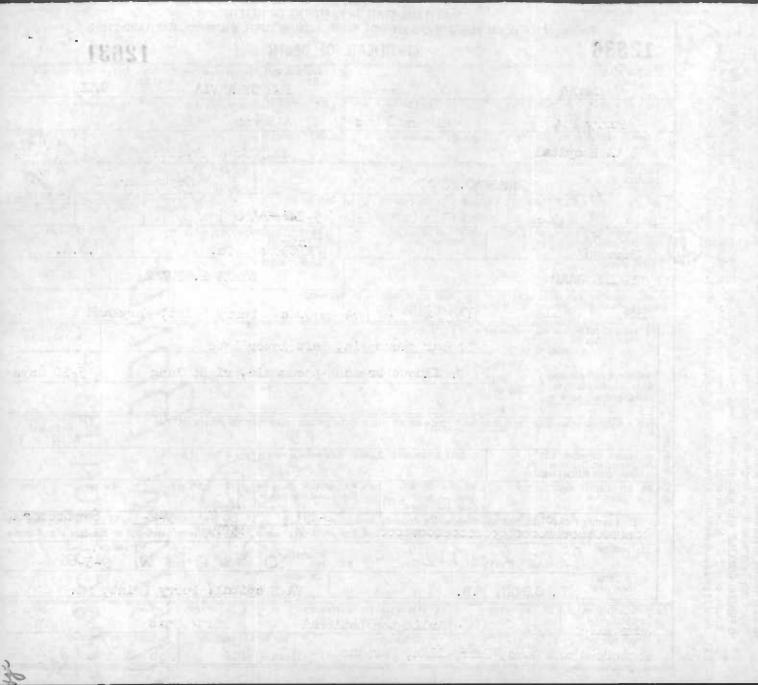
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

V		12636		CERTIFICATE	OF DEATH	126	31		
		PLACE OF DEATH D. COUNTY CECIL		MARYLAND	CTATE	Where deceased lived, if institution: Reside SYIANVIA b. COUNTY I	ence before odmission)		
		o. CITY OR TOWN (If outside corporate limits,		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	utside corporote limits, write RURAL and gi	ve neorest town)		
		write RURAL and give nearest town) Perry Point		21 yrs 8 mos	Alto	ona	75 - 3		
		d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospitol, g		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
27		VA Hospital			2015	Broad Avenue	YES NO		
		NAME OF First DECEASED Type or print) GERA	ID D.	Middle Lost JAAP		4. DATE Month OF September	2 Doy Yegr 2 1965		
	S.	SEX 6. COLOR OR RACE 7	. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER lost birthdoy) Months	1 YEAR IF UNDER 24 HRS.		
		Male White	WIDOWED	DIVORCED .	9-200-14	1/6 49 yrs.			
(I		USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) Imknown		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County Blair Altoona		OUNTRY?		
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN				
		CHARLES JAAP				LYDIA I. FULTZ			
	1S.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16.		INFORMANT	Address			
	(10	s, no, or unknown) (It ves give war or dotes of so	171	6 05 84 19 VA	Records	Perry Point, Maryla	and		
		18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED 8Y:					INTERVAL 8ETWEEN ONSET AND DEATH		
		IMMEDIATE CAUSE (o)	I	obar pneumonia	, left lowe	r lobe	11021 7110 027111		
1		ODUE TO Confluent broncho-pneumonia, right lung 5-10 days							
		Conditions, if ony, which gove (b)		OHLIACHO DI OHC	110-pile anoliz	w, 118110 1011g	7 10 000,5		
		stoting the underlying couse					938 (18)		
		PART II. OTHER SIGNIFICANT CONDITIONS CON		TO DEATH BUT NOT BELATED TO	THE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY		
2.	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CON	IKIDUING	O DEATH BUT NOT KELATED TO	THE TERMINAL DISEASE CO.	HULLION OFFER IN TAKE 1(0)	19. WAS AUTOPSY PERFORMED? YES NO		
2	FICAT	20o. ACCIDENT WAS UNDERLYING	1 205 DE	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port I or Port II of item 18)	113 [4] 110		
	L CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	20d. II While of wor	Not While foci	CE OF INJURY (Home, form ory, street, office bldg., etc.)	ounty) (State)		
		21. I certify that AFAthis hospit	tol) otten	ded the deceosed from ond the	t death occurred at	5:50PM, from couses and on			
		220. SIGNATURE Ballir In	igh	MD M	1 111 01	AIFD CTAFF	DATE SIGNED 9-3-66		
		22c. PHYSICIAN'S NAME (Type) B. SINGH,	M.D.		VA HOS	pital, Perry Point	, Md.		
	230	BURIAL, CREMATION, 23b. DATE THERE		23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (State)		
	1		2-660	Arlington Nat		Fort Myers	Va		
}	24	FUNERAL DIRECTOR Coffeison	191	ADDRESS Marral ar		D BY REGISTRAR 2Sb. REGISTRAR'S			
		Patterson and Sons,	rerry	ATTIE, MELATER	DATE	SEP 9 1966 RCC	rarles Ju		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY e. STATE the tid 2 Cecil Cecil arvland MARYLAND by # c. CITY OR TOWN (II outside corporete limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Elkton Elkton d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NOT Elkton De Vine Home Elkton, Md Nursing paper n 72 h DATE Day Yea DECEASED OF DEATH (Type or print) 78 Johnston 19 and cor carbon it, within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX last birthday) Months DIVORCED hysician Stele, or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) S.A. House Work 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ā Wimer Jacob Wimer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Margaret (Yes, no. or unknwn) (Il yes give wer or dates of service) physician. Mrs Ida Masmore Elkton.Md INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 0 anys IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), steting the underlying has cause lest. the certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION as to PERFORMED? NO L use acteursverti macon 2Da. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] SAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) fectory, street, office bldg., etc.) While Not While et work at work p.m. CIOR: 19 66 21. I certify that (I) (this hospital) attended the deceased from PLV-15 ..., 19.62, that (I) (we) last 19. A., and that death occured at S. IS.M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATUR SIGNED DIRECTOR PHYS. death. Page A PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Blue Grass 166 Blue Cemetery Burial H 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 24 FUNERAL DIRECTOR'S SIGNATURE

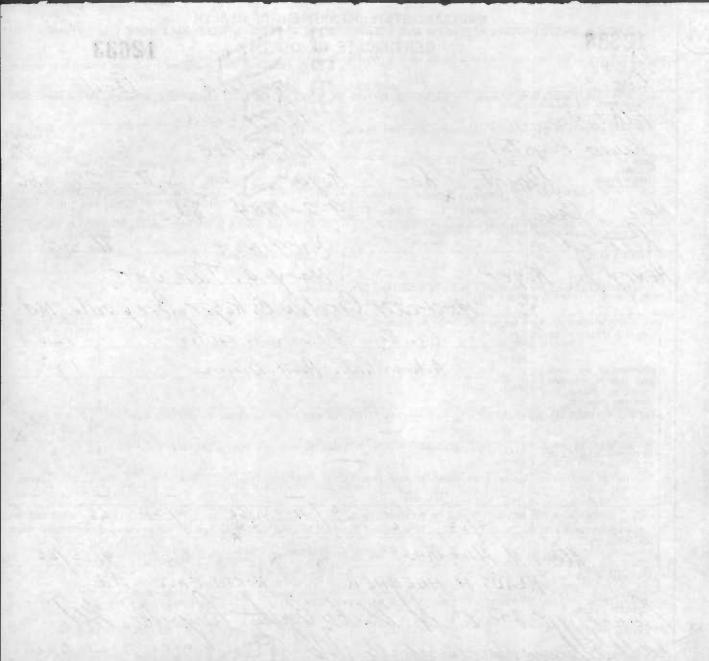
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ATTENDING

ARYLAND STATE DEPARTMENT OF HEALTH

12632 H. Johnston PAREST 20 1887 88 alataary. . . . Tenth Jewelland Mrs Ida Sassore . Klutton, M. Agence gentletel brunking of sightness 10 days George actionalist colormale are been February Super 15 11 T RAWS THOREWS JAMES 237 EMANNER, ELLERTH, MAN LINE The state of the control of the cont

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2003 CERTIFICATE OF DEATH 20 death. and and death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages 1 a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b bon papers. Page within 72 hours a write RURAL and give nearest town) hours 드 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO within completely carbon 3. NAME DE First Middle Last DATE Month Day Year DECEASED in any event, v (Type or print) DEATH 19 executed SEX 6. COLOR OR RACE AGE (In years | IF UNDER TYEAR (IF UNDER 24 HRS 7. MARRIED NEVER MARRIED E OF BIRTH last birthday) Months Days Hours and WIDOWED DIVORCED = ician 10a. USUALOCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT ease during most of working life, even if retired) INDUSTRY COUNTRY? and led by the attending physi-transit permit. Then ple tremation of temoval, a certificate FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN1 Address death (Yes, no, or unkowh) | (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), The law requires that the ONSET, AND DEATH PART I. DEATH WAS CAUSED BY attending physician. IMMEDIATE CAUSE (a) burial-trai burial, cr DUE TO Cenditions, If any, which been gave rise to immediate the r DUE TO cause (a), stating the has be as the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY r this certificate I detached for use te Dept. of Health for use Health PERFORMED? CERTIFICATI NO V YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While be Stat ATTENDING at work at work retained ould 1966 FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred at 8:50 M. from the causes and on the date stated above. 66 19 saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED pe ATTENDING M.D. PHYS. DIRECTOR PHYS. may HDSPITAL director, pr PHYSICIAN'S 22d. ADDRESS NAME (Type) HUEBNER NORTH BURIAL, CREMATION, 23b. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or coupty) (State) REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. VR A15 (4) 20M 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4.

TO FUNERAL CIOR: After this certificate has been signed by the attending physician and complex director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper, ages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

19094 12639 12634

1. PLACE OF DEAT: a. COUNTY Cecil	Г	MARYLAND	a. STATE Maryl	ce (Where deceased lived, If institution: b. COUNTY cec	Residence before admission)			
b. CITY OR TOWN	(if outside corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL an	d giva nearest town)			
Elkto	d give nearest town)	16 hrs.	Rural	, North East	20.7.21			
d. NAME OF HOSP	ITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS		a. IS RESIDENCE			
Union	n Hospital		Rt. 7	7	YES NO A			
3. NAME OF DECEASED (Type or print)	EDITH HEN	RIE LANGHORNE	Last	4. DATE Month OF September	Day Year 6 19 66			
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.			
Female	White woo		an. 4, 1918	last birthday) Months yrs.	Days Hours Min.			
done during most of w	TION (Give kind of work orking life, even if retired) ant Owner	KIND OF BUSINESS OR INDUSTR		Co. Virginia	IZEN OF WHAT COUNTRY			
	odie P. Craft			Fitzgerald				
15. WAS DECEASED EN			NFORMANT Hazol M. Ev	Address Box 1	64 East, Md.			
	DEATH (Entar only one cause por TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Corouxary Occlus	son with My	ocardial Infantion	I INTERVAL RETWEEN			
4781	DUE TO				-			
Conditions, if an	y, which \ (b)	/	7		_			
	gava rise to immediate causa							
(a), stating the cause last.	underlying DUE TO		•					
PART II. OTHE	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO							
	AS UNDERLYING [20b. E	DESCRIBE HOW INJURY OCCURED	. (Enter natura of injury in	Part I or Part II of item 18.)				
ZOc. TIME OF INJU	W		CE OF INJURY (Home, farmory, street, office bldg., etc		inty) (State)			
21. I certify	that (I) (this hospital) attended alive on	ended the deceased from	8/24 death occured ad:	1966 to 966 196	that (1) (we) last the date stated above			
22a. SIGNATURE	Klaws H. Huer	Sur M	D. PHYS.	MED. STAFF DIRECTOR PHYS.	9/6/66 DATE SIGNED			
22c. PHYSICIAN'S NAME (Type		HUEBNER		H EAST	"Hid			
23a. BURIAL, CREMAT REMOVAL (Specify BULLS)	9/10/66	Gilpin Manor		Elkton Cecil Co.				
24 FUNERAL DIRECTO Grant Fu	7 3/5 /////	ADDRESSOX 22 North E	ast. Md DATE	SEP 9 1866 OCL	SIGNATURE			

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Reference Co. Target Man Pocoffe Er, Court THE COUNTY OF THE PARTY OF THE Consider Little to a set the could describe from force Start To the Start to the Start of the Start of the Start Cooks Co. Oct.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12635 DIVISION

1.	PLACE OF DEATH			2. USUAL RESIDEN	ICE (Where deceased live	d, If institution: Resi	idence before admission)
		Cecil	MARYLAND		Md.	Cec	11
	b. CITY OR TOWN ((if outside corporate Ilmi d give nearest town)	its, c. LENGTH DF STAY IN 1		f outside corporate lim		
F	ort Depo	sit Rura	1 Months	Rising		Rural	67-1
	d. NAME OF HOSPI	TAL OR INSTITUTION (If r	not in hospital, give street addres	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
_	Sewell N	ursing Home	e				YES NO X
3.	NAME DF DECEASED	First	Middle	Last	4. DATE	Month	Day Year
_	(Type or print)	Emory	Jackson	Lucas	DEATH Sep		1966
5.	SEX 6.	. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH	last bir		YEAR IF UNDER 24 HRS.
		MILLOG	DDWED DIVORCED		878 88	yrs.	751 05 10117
dui	ing most of working	N (Give kind of work done life, even if retired)	10b. KIND DF BUSINESS OR INDUSTRY	II. BIRITIPLAGE (County & State, or foreign	COU	ZEN OF WHAT NTRY?
	arpenter	Ret.	Self-Employed	Virgini	a	U.S	.A.
13	. FATHER'S NAME			14. MOTHER'S MAI			
15	Andrew	Jackson L	ucas	Priscil	la Altiz		
(Y	es, no, or unkown) (If	:R IN U.S. ARMED FORGES? f yes give war or dates of service	(3)	'. INFORMANT		Address	
_	No			arvin Luca	s Risin	g Sun, Ma	d
			se per fine for (a), (b), and (c).]	\	100		ONSET AND DEATH
	PART I, DEAT	H WAS CAUSED BY: MMEDIATE CAUSE (a)	ceremogras c	won, a	withint		2dens
	201X	DUE TO (J. U. (7 -	0.		Et
	Conditions, If any gave rise to im		Deneralness	aner	o deron	2	D. M
	cause (a), stati	ng the DUE TO	0				
2	underlying cause is		ANTO COLUMN TO DESCRIPTION TO SECOND			NEW PARTY AND	I O WAS SUTEDON
AT 10	PARTITIOTHER STG	MIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASE CONDITION GI	VEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
FIC	OOA BOOLDENT WA	O HAIDEDI VINO	OOF DECODING HOW INHIBY OO	OURDED (February)	Clabras la Dant I au Di	and III of Item 10)	YES NO
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIF)	CAUSE DF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OC	CURKED. (Enter nature o	or injury in Part I or Pa	art II of Item 18.)	
EDICAL		URY Month, Day, Year	fac	LACE OF INJURY (Home, fitory, street, office bidg.,	farm, 20f. (City or to	own) (County	y) (State)
MED	Hour a.m. p.m.	19	While at work at work	tory, ad cor, om copies,	000.7	5.	
	21. I certify t	hat (I) (this hospital)	attended the deceased from	7-1,1	1950, to 9-1	9	, that (I) (we) last
	saw the decea	sed alive on 9 -	9 166, and th	at death occurred at.	9 AM, from the c	auses and on the	date stated above.
	22a. STENATURE	000	210	ATTENDING	MED. STAFF		E SIGNED
	Ulu	XICL	after 1	I.D. PHYS.	DIRECTOR PHYS.	0 7-	10-66
	22c. PHYSICIAN'S NAME (Type)) =	0	22d. ADDRESS	0 1/1		
=			aylor Jr.		Sun, Md.		(0)-1-1
232	REMOVAL (Specif	y)				City, town or count	
21	FUNERAL DIRECTO	9-13-196	Brookview ADDRESS	Cem.		5b. REGISTRAR'S	SIGNATURE
12	ension	117Thall			CED 1 - ADO	6 Jelian	Los Quelas
9	100	111	TISTUR 3	un, Md . DATE	oel 19 126	10	The stands

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CE 151 trees. Cort Deposit Laural Months Misting Pun, turnil Imore Jackson Lucas Dapa. ID July 22;1878 38 4 .1.8.U singater bayolqui-lie .3al qadaaqra3 Andrew Jackson Indees Priscilla Autrer Le 24-16-5722 Mirvin bucks Sising Sun, Ma. tell S. Taylor dr. - Mising Sun, Ms. Surial S-13-1966 Brookview Cem. Bising Sun The second of the collection and animals are second to the second of the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY Cacil b. COUNTY Cacil Marvland MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 73 years North East d NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? 109 High St. 109 High St. NO A 3. NAME OF Middle Last DATE Month DECEASED ANNA D. MACKINSON September DEATH (Type or print) IF UNDER 1 YEAR IF LINDER 24 HRS S SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH lost airthdoy) June 25. 1893 Female White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Practical Nurse COUNTRY? Cecil Co. Marvland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Guy Mackinson Jane Hahn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 109 High St. (Yes no or unknown) (If yes give wor or dotes of service) Miss Martha Nickle None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per light for (o), (b), ond (c).) ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: a nien IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TD stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED WAS AUTOPSY PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF-INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot wark ot work 21. I certify that (1) (this hospital) attended the deceased fram_ 19 52, to_ 1966, that (1) (we) last saw the deceased alive on 3 - 1966 and that death accurred at 300 PM, from causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE M.D. DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS Luis M. Cuza NAME (Type) 322 E. Cecil Ave. North East. Md. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b, DATE THEREOF 23d. LDCATION (City or Town) (County) (Stote) North East 9/6/66 North East Methodist Cecil Md. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Grant Funeral North East. Mr. Ochanles Inde

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ATTENDING PHYSICIAN: The

TO FUNERAL DIRECTOR: After this certificate has been

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120]

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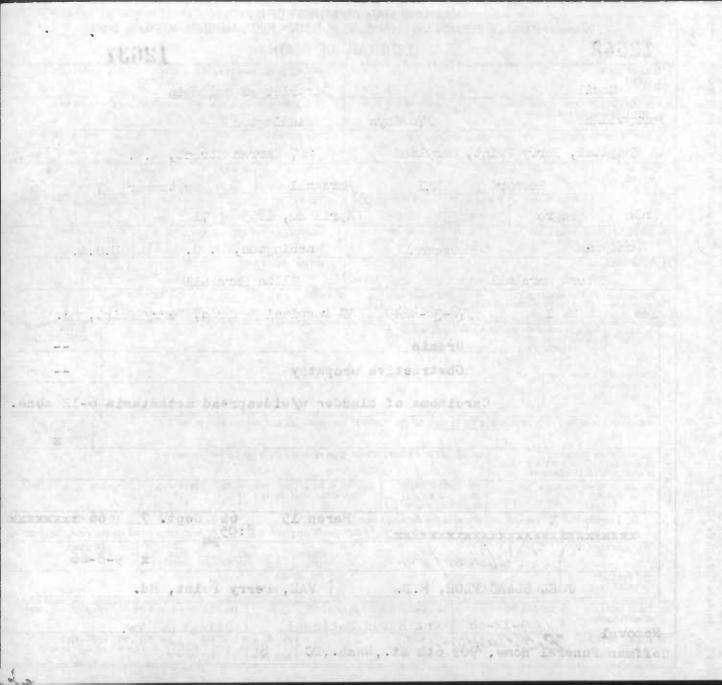
CERTIFICATE OF DEATH

12637

1. PLACE OF DEATH a. COUNTY Cecil b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Perryville 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss b. COUNTY b. COUNTY District of Columbia c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Washington	ionl
Cecil MARYLAND District of Columbia b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	1011)
b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	/
Perryville RURAL and give nearest town) 176 days Washington	
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RES	IDENCE FARM?
VA Hospital, Perry Point, Maryland 207 Warren Street, N.E. YES	NO X
	ear
OF (Type or print) Leonard MMI Marshall DEATH September 7 19	66
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDIN Months Days Hours	R 24 HRS.
MELE MESTO WIDOWED DIVORCED PAPETT SO, 1095 (I Alex	min.
10a. USUAL OCCUPATION (Give kind of wark dane lob. KIND OF BUSINESS OR lob. KIND OF WHAT COUNTRY?	
during most of working life, even if retired) Handyman INDUSTRY Houseman Washington, D. C. U.S.A.	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Robert Marshall Eliza Marshall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
(Yes, no, ar unknown) (If yes give war ar dates af service) 578-38-1+21+9 VA Hospital Records, Perry Point, Md.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BI	
PART I. DEATH WAS CAUSED BY: TT	DEATH
DILE TO	
Conditions, if any, which gave) (b) Obstructive uropathy	
rise ta immediate cause (a), (DIE TO	
stating the underlying cause (c) Carcinoma of bladder w/widespread metastasis 6-12 m	ons.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	
PERFOR	NO 🔲
PERFOR YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) (If EITHER NOTICE MEDICAL EXAMINED)	
OR CONTRIBUTING CLAUSE OF DEATH	
	(State)
Hour a.m. While Not While factory, street, affice bldg., etc.)	,
p.m. 19 at wark 1 at wark 2 21. I certify that (X) (this hospital) attended the deceased fram March 15, 19, 66 to Sept. 7, 19, 66, thanks	(apadahar
sport for received with the contract of the co	d abave
	d abave
220 SIGNATURE 22b. DATE SIGNED	
M.D. ATTENDING MED. STAFF PHYS. 3 9-8-66	
ATTENDING MED. STAFF Q-8-66	
22c. PHYSICIAN'S NAME (Type) JOEL BLANCAFLOR, M.D. 23c. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	State)
22c. PHYSICIAN'S NAME (Type) JOEL BLANCAFLOR, M.D. 23d. ADDRESS VAH, Perry Point, Md. 23d. BURIAL, CREMATION, PEMOVAI (Specify) PEMOVAI (Specify) 23d. LOCATION (City or Town) (County)	State)
22c. PHYSICIANS NAME (Type) 23d. BLANCAFLOR, M.D. 23d. BLANCAFLOR, M.D. 23d. LOCATION (City or Town) (County)	State)

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitol or attending physicion. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached for use os the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremotion, or removal, and record, within 72 hours after death.

VR A15 (4) 20 M 1/66



TO FUNERT DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12638

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
Cecl1 MARYLAND	a. STATE Mary Land b. COUNTY Ce	ecil			
b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)			
write RURAL and give nearest town) Life	Elkton	A7-1			
d. NAME DF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		e. IS RESIDENCE			
Union Hospital Of Cecil County	304 Elkton Blvd.	ON A FARM? YES ND T			
3. NAME DF First Middle DECEASED	Last 4. DATE Month	Day Year			
(Type or print) Edmund B. M.	cCloskey DEATH 9	10 1966			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE DF BIRTH 9. AGE In years IF UNDER	1 YEAR IF UNDER 24 HRS.			
Male White WIDDWED DIVORCED	6/23/1901 65 renday Months	Days Hours Min.			
1Da. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND DF BUSINESS OR INDUSTRY	1 11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN DF WHAT DUNTRY?			
Manager A.& P.	14. MOTHER'S MAIDEN NAME	. A.			
William McCloskey					
	Emma Barber				
(Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT 304 Elkt offices lvd.				
No 217-01-1363 M	irs. Edythe C. McCloskey, I	Elkton, Md.			
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		- ANTE-MAL DETAILED			
PART I. DEATH WAS CAUSED BY: Myocarditis, He	eart Block	onset and death 2- Years			
H33A DUE TO		2-Weeks			
Conditions, If any, which Cardiac Failure	9	5-Meev?			
gave rise to immediate DUE TO					
underlying cause last. Pulmonary Edema	a a constant of the constant o	1-Day			
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY			
ICAT		YES NO X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONTRIBUTIONS CO	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)			
		(2444)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto 20m. PLA fac	CCE OF INJURY (Home, farm, 20f. (City or town) (Coupry, street, office bidg., etc.)	inty) (State)			
21. I certify that (I) prosecuted) attended the deceased from	3/30/66 19 tn 9/10 19	66 that (I) (we) last			
saw the deceased alive on 9/10/ 19 66, and that	3/30/66 , 19 , to 9/10 , 19 t death occurred aB: 55M, from the causes and on the	he date stated above.			
22a. SIGNATURE	220. 0	ALE SIGNED			
James L Johnson M.D.	D. ATTENDING MED. STAFF 9/10	0/66			
22C PHYSICIAN'S	22d. ADDRESS				
NAME (Type) James A. Johnson M.D.	245 East High St., Elkton	, Md.Cecil			
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Supelfy)	Y OR CREMATORY 23d. LOCATION (City, town or cou	unty) (State)			
Burial 9/13/66 Cherry Hill	Cemetery Cherry Hill.	10.			
24. FUNERAL DIRECTOR S. ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE			
Alcke Home for Funerals, Elkton,	Md. DATE SEP 15 1966 KClis	vley Judge			
THURS HOLLO	1 suc set 1 long	0			

TREES TO THE PROPERTY OF THE PARTY OF THE PA THE PARTY OF THE P and the state of t TEN HOLLEN, HE LEED OUR THE LEED WITH THE HOLLENGE WHICH THE

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

TO DEPUTY MESTAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land2 with the State Department of Health or its designated agent, prior to burial, crematian, or removal, and in any event within 72 hours ofter death.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File

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FOR STATE HEALTH DEPT.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

12	544	IAIEI	DICAL EXAMINE	CK 2		r DEAIN		1263	19	
PLACE OF O. COUNT		6-8	MARYLA	AND	2. USUAL RESIDENCE (V	Land	b. COUN	TY		
b. CITY O	R TOWN (If outside corporate limit	ts,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If ou	tside corporote l	imits, write RURA	AL ond give	neorest tow	n)
write I	Charlestown				Balti	imore Ci	Lty		30	4
d. NAME (OF HOSPITAL OR INSTITUTION (If r	ot in hospital,	give street oddress)		d. STREET ADDRESS					RESIDENCE
	Beach, Boy Sc	out Car	np Rodney		590 A	Yale A	Avenue		YES	A FARM?
3. NAME OF		irst	Middle		Last	4. DATE	Month		Day	Year
(Type or		LES	SUNG-UK		PARK	OF DEATH	9		24	19 66
S. SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	X 8	B. DATE OF BIRTH		GE (In years	Months [NDER 24 HRS.
Male	Korean	WIDOWED	DIVORCED		9/13/33	10	33 yrs.	Monins	Days Ha	urs Min.
10a. USUAL O	CCUPATION (Give kind of work done		KIND OF BUSINESS OR		11. BIRTHPLACE (Stote	or foreign count	ry)		EN OF WHA	
during most o	of working life, even if retired) CHEMIST	W.	R. GRACE CO.	•	MANCH	URIA		REP	OF	KOREA
13. FATHER'S	S NAME				14. MOTHER'S MAIDEN N	IAME				
	WON-YANG P	ARK		200	SOOK-YO	UNG KI	M			
15. WAS DEC	EASED EVER IN U.S. ARMED FORCES	16	. SOCIAL SECURITY NO.	17 II	NFORMANT		Addres	S		
NO NO	nknown) (If yes give wor or dotes	of service)		MI	SS PONG-HI	PARK 9	23 N. C	HARLES	S ST.	21201
Condition rise to it stoting last.	ons, if ony, which gove mmediate couse (0), the underlying couse	(b) TO (c)								ND DEATH
NOLLY:	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN	I PART 1(a)		19. WAS PERF YES X	ORMED?
PRIMAR' CAUSE O	TERNAL CAUSE WAS Y 🖾 or CONTRIBUTING 🗆 OF DEATH.		ESCRIBE HOW INJURY OCCU					at		
2Dc. TIM	ME OF INJURY Month, Day, Yeor	2Dd.	INJURY OCCURRED ~ 2	Oe. PLAC	F OF INJURY (Home, form	2Df. (Ci	ty or town)	(Count	ty)	(Stote)
11.5	Hour a.m. 9 17 19	66 Whil	e Not While of work	Boy	Scout Camp	Chari	lestown	Cec	11	Md.
	I certify that I took charg					Inspection	W 10 10 10 10 10 10 10 10 10 10 10 10 10			ny opinion
	th resulted from: Natur				de , Homicide		termined ma		0114 111 1	ny opinion
000	10301100	0 200000	17	20101	CHIEF MEDICAL		TOTTIMING THA	THICK L		
SIGNAT		lun.	1 kg			CAL EXAMINER	X		22. D	ATE SIGNED
EXAMIN NAME (IEDIC	Breit	enecker		DEPUTY MEDICA Address (Street,	L EXAMINER _	ounty)		9/2	5/66
230. BURIAL, REMOV.	CREMATION, 23b. DATE THAT Specify 9/27		23c. NAME OF CEMETE LOUDON P.				ON (City or Town		ounty)	(Stote)
24. FUNERA	L DIRECTOR		ADDRESS		2So. REC'D	BY REGISTRAR		ISTRAR'S SIGI	W 17	
HOWAR	D H. HUBBARD	+107 W	LKENS AVE.	2122	29	EP 27	1956	Chan	By Va	del.

VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12645 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Poge Maryland CECIL death. MARYLAND Cecil delay Deportment c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carporote limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Earleville Elkton d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENCE haurs ON A FARM? Union Hospital, Elkton ate YES NO Item 18. Give Pages 24 hours after deoth. 3. NAME OF DECEASED Middle Last 4 DATE Month 35 Year September 66 DONALD ₩. PARKER 19 within DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED ast_birthdoy) Hours November 11,1950 Male White WIDOWED DIVORCED event and 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) U.S.A. High School Wilmington, Del. _ 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within pencil Mary Walker Lewis C. Parker and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) the Chief Medical removol, pending Lewis C. Parker. Earleville, Md.21919 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Crushing injuries of chest and abdomen 10 writing the word DUE TO cremation, Conditions, if any, which gove rise to immediate couse (o), DUE TO stating the underlying couse 0 0.5 burial, 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? YES P please execute the certificate, NO designated agent, prior to the funeral director. Page 4 should be 20a. EXTERNAL CAUSE WAS PRIMARY ☐ FOR CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should Passenger in auto-auto collision AL EXAMINER: 20c. TIME OF INJURY Month, Doy, Yeor 11:00 XXXX 9-4 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) foctory, street, office bldg., etc.) highway 1066 1 mi E of Earlville ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Parthise Lian ... Inquiry [and in my opinian Accident X Suicide [Hamicide | Undetermined manner death resulted fram: Natural causes CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER

be retoined Health or its SIGNATURE DEPUTY MEDICAL EXAMINER September 5, 1966 **EXAMINER'S** Russell S. Fisher, M.D. NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. (County) (Stote) 0 Burial (Specify) Sept. 7, 1966 Kemblesville Cemeterv Kemblesville, Pa. ADDRESS 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Meliarles VR A15ME (5) 1966 Edward Fellows. Millington, Md. 21651 6M 1/66

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12646 CERTIFICATE OF DEATH

- AND THE			- OI DEMIII	Tr. LA.	UXI
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE		stitution: Residence before admission)
Ceo	il	MARYLAND	a. STATE Md.	b. COU	NTY Cecil
b. CITY OR TOWN (if outside corporate limits, d give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside corporate limits, w	rite RURAL and give nearest town)
Elkton			Hacks 1	Poont	12.7
d. NAME OF HOSPI	TAL OR INSTITUTION (if not in	n hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
	Hospital		!		YES NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mont	
(Type or print) 5. SEX 6.	Harry	S. Peter		DEATH Sept.	
** *	COLOR OR RACE 7. MARRI		8. DATE OF BIRTH	last birthday)	Months Days Hours Min.
Male	White WIDOW		March 14,189	94 72 yrs.	
during most of working		INDUSTRY	11. BIRTHPLACE (Cou	unty & State, or foreign country	COUNTRY?
Rt. Water	Work	City		Jersey	USA
13. PATHER'S NAME			14. MOTHER'S MAIDE		
	Peterson			Lawerance	
(Yes, no, or unkown) (If	R IN U.S. ARMED FORCES? yes give war or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addre	SS
No			ornelia C.Pet	terson Earlevi	lle Md.
	TH [Enter only one cause pe	r line for (a), (b), and (c).]			INTERVAL BETWEEN
	H WAS CAUSED BY: MMEDIATE CAUSE (a)	Arteriosclero	tic heart	digeage	ONSET AND DEATH
4201	DUE TO			0.100000	3000
Conditions, If any	, which \ (b)				
gave rise to Im	mediate (Tell lein bits			
underlying cause la	ing the				
PART II. OTHER SIGN		IBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY
CAT					PERFORMED?
20a. ACCIDENT WA	S UNDERLYING 1 20b.	CELUSION WITH	RRED. (Enter nature of	eath	f Item 18.)
G (IF EITHER, NOTIF)	CAUSE OF DEATH MEDICAL EXAMINER)			,,	1 10011 201)
0	JRY Month, Day, Year 20d.	. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farr	m, 20f. (City or town)	(County) (State)
Hour a.m.	19 Whi	III I I I I I I I I I I I I I I I I I	ry, street, office bldg., etc	.)	
			= 20 10	(a to = a =	. 10 CC that (I) (wa) last
saw the decea	sed alive on 30 Set	ot a 1966 and the	dooth occurred at 8	60 tradithe severe	t, 19 66 that (I) (we) last and on the date stated above.
22a, SIGNATURE		13.00, and that	death occorred at O	- July I (Marginie Causes	22b. DATE SIGNED
117014	100 H 10 11	effeller M.D	ATTENDING MI	ED. STAFF PHYS.	30 Sept 66
22c. PHYSICIAN'S	- Justi	WILL WILL	22d. ADDRESS	REGION [PHIS. [De pepe de
NAME (Type)	Wallace Oper	nshain MOD	Cecilt	on Md	
23a. BURIAL, CREMATI	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, to	own or county) (State)
REMOVAL (Specify	Oct.4,1966	Salem Baptis	st Cemetery		Jersey
24. FUNERAR DIRECTO	IR 1 1)	ADDRESS		D BY REGISTRAR 25b. RE	EGISTRAR'S SIGNATURE
Chinas	1 tillows	Millington	200 0	CT 4 1956	Miarles Judge
- Alle	of prefere	11 Manager	114 DATE		

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remay carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in although, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

MADVIAND STATE DEDADTMENT OF HEALTH

		Division of STATIST	ICAL RESEAR	RCH AND RECOF	RDS, 30	W. PRESTON STRE	ET, BALTI	MORE, MARY	LAND 21	201		
	12647			CERTIF	ICATE	OF DEATH			1001	.,		
	PLACE OF DEATH D. COUNTY	Cecil		MAR	YLAND		rict o	f Columb	niy oia			on]
	write RURAL ond	f outside corporote limits, give neorest town)		LENGTH OF STAY		c. CITY OR TOWN (If ou WASH)	tside corporo		RAL ond giv	e neores	t town)	
	I. NAME OF ROSPITA	AL OR INSTITUTION (If not	t in hospitol, giv	e street oddress)	uay	d. STREET ADDRESS					e. IS RESII ON A F.	DENCE ARM?
	Veterar	as Administ	ration			711-1		treet, N			YES	NO 📑
	NAME OF DECEASED Type or print)	Firs	WIS	Middle	SCRO	GGINS	4. DATE OF OEATH	Septemb Mon		6 Doy		66
S. :	Male	6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MARRIED		1-21-20	9.	AGE (In years lost birthdoy)	Months Months	Doys Doys	Hours Hours	Min.
duri		(Give kind of work done life, even if retired)	1Db. KIND	D OF BUSINESS OR USTRY		11 BIRTHPLACE (County Anne Ar Annapoli 14. MOTHER'S MAIDEN N	undel	reign country)	((TIZEN OF DUNTRY?		
10.		Scroggins				Annie						
1S. (Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	service)	12 27 52		NEORMANT A Records	VAH,	Perry P		Mar	ylan	d
	18. CAUSE OF DE PART I. DEAT	ATH (Enter only one cause H WAS CAUSED BY: IMMEDIATE CAUSE (Toh		nia	of left and	confl	uent bro	ncho-	OH	ERVAL BET SET AND D	
	1621	DUE	-	eumonia o						1	mon	
Н	Conditions, if ony, rise to immediate	e couse (o),			neo-esophogeal fistula chogenia Carcinoma of left					4	mont	ns
	stoting the under	lying couse		ain brone				76.6		6-	7 mon	ths
ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS CO	INTRIBUTING TO	DEATH BUT NOT REL	ATED TO 1	HE TERMINAL DISEASE COM	NDITION GIVE	N IN PART 1(a)			WAS AUTO PERFORM ES X	OPSY ED? NO
MEDICAL CERTIFICATION		SUNDERLYING CAUSE OF OEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED.	(Enter nature of injury in	Port I or Port	t II of item 1B.)				
MEDICAL	20c. TIME OF INJU Hour o.n p.n	10	While	URY OCCURRED Not While ot work		CE OF INJURY (Home, form ory, street, office bldg., etc.)		(City or town)	((0	unty)	((Stote)
	XII WORLD	fy that (this has	oital) attende	ed the deceased	fram_ and tha	6-2- , 1 death accurred at	9_66 7:30	fram causes	and an t		e stated	abave
	220. SIGNATURE	Ti Velon	w /5.	i Bury	sach	D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		17-6		
	22c. PHYSICIAN'S NAME (Type)	VICTOR V.	J./BOR	RGES, M.D.		220. ADDRESS						
230	BURIAL, CREMATIO	Nay 23b. BATE THE		23c. NAME OF CEM	ETERY OR	CREMATORY	23d. LO	CATION (City or To	wn)	(County) (5	tote)

VR A15 (4) 20 M 1/66

21820

National 1820 9th St.

2So. REC'D BY REGISTRAR

DATE

yers Vibrinia 25b. REGISTRAR'S SIGNATURE

1966

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I BE		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		12648 CERTIFICATE OF DEATH 12643
uneral 1 and er death		PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) b. COUNTY MARYLAND
filled in by the f papers. Pages hin 72 hours afte		o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
filled in b papers. hin 72 hou		d. NAME DF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 3 West have 7 / YES NO R TO NO R
ely fille ban pa within		NAME OF First Middle Last 4. DATE Month Day Year
carban carban ent, witl		DECEASED FOWARD G. SMITH DEATH Sept. 300 1966
camp ove	5.	6. COLDR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Jost birthday) WIDOWED DIVORCED DEC 6 1881 Slast birthday) Yrs.
cian and ease rem and in ap		USUAL OCCUPATION (Give kind of work dane ng most of working life, even if retired) 10b. KIND OF BUSINESS DR INDUSTRY INDUST
ohysi n pl val,	13.	FATHER'S NAME UNKNOWN 14. MOTHER'S MAIDEN NAME SUSAIV SM (TH
attending phy permit. Then ion, or remova		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, pryinknown) (If yes give war or dates of service) 159-09-8385 MRS DORBTHY HAUSMANN NEVARINDEL
permit.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) INTERVAL BETWEEN
by the atternance transit per cremation,		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myoca-deal infarction DNSET AND DEATH
signed by the burial-transit buriol, cremat		Conditions, if ony, which gave rise to immediate cause (a), DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO Conditions, if ony, which gave rise to immediate cause (a),
		stating the underlying couse last. (c)
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum_{PREFORMED} \) YES \(\sum_{PREFORMED} \) YES \(\sum_{PREFORMED} \)
certificate has the far use of the of	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.)
After this certif be detached State Dept. of	MEDICAL	2Dc. TIME DF INJURY Month, Day, Year Hour o.m. p.m. 19 2Dd. INJURY OCCURRED While at work at
TO FUNERAL DIRECTOR: After this directar, page 3 should be detac should be filed with the State Detactor.		21. I certify that (I) (this hospital) attended the deceased fram 1/26, 1966, ta 7/30, 1966 that (I) (we) la saw the deceased alive an 9/30, 1966, and that death accurred at 1000 PM, fram causes and an the date stated above
Secto 3 sho with		22a. SIGNATURE 22b. DATE SIGNED STAFF 22b. DATE SIGNED
O FUNERAL DIRI directar, page 3 should be filed v		22c. PHYSICIAN'S NAME (Type) Edgar E. FOLK III M.D. 327 E. Main St., Newark, Del.
NER.	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
direct shot		POMOVATOPECHYL OCT. 4,1966 NEST MINSTERCENETERY LOWER MERION TWP. PENNA
VR A15 (4) 20 M 1/66	1	PRINCETURE HEART Somewhar Subjection Date OCT 4 1966 Garden Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deoth. Page 4 may be retained by the hospital or attending physician.

VR A15

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A STATE OF S

TD FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral-director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT	IMORE 1, MARYLAND
12649	CERTIFICATE OF DEATH	12644

					0 1
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE a. STATE	E (Where deceased lived, If institution: F b. COUNTY	Residence before admission)
	Cecil	MARYLAND	Marvla	nd Ceci	7
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside corporate limits, write RURAL	and give nearest town)
	North East	10 yrs.	North	East	07-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	pital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
			R.D.	1	YES NO NO
3.	NAME OF FIRST DECEASED	Middle	Last	4. DATE Month	Day Year
	(Type or print) CONRAD	P.	TETER	DEATH OF 1	0. 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	B. DATE OF BIRTH	19. AGE (In years LIF LINDER	1 YEAR HE LINDER 24 HRS.
11	ale White WIDOWED	DIVORCED	Nov. 25 1	last birthday) Months	Days Hours Min.
		D OF BUSINESS OR		ounty & State, or foreign country) 12. C	ITIZEN OF WHAT
		cation	Pennsvl	_ TT	S.A.
	FATHER'S NAME	30 0 1011	14. MOTHER'S MAIDE	V (111111111111111111111111111111111111	10 627 6
	Peter Teter		Tulian	na Lewandaski	
15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, 500	OCIAL SECURITY NO. 17.	INFORMANT	Address	
(Ye	es, no, or unkown) (If yes give war or dates of service)	OO ZOAM IT	The way		2 1 203
-	1 4 600	00-00211	rs. Mary A	. Teter, Horth	last, Md.
	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	9	E . 14 1	THE IS THE WAY	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	are noma o	+ right lu	/ un g	6 months
	DUE TO		9		
	Conditions, If any, which gave rise to immediate (b)				
	cause (a), stating the DUE TO				
-	underlying cause last. (c)		_		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DI	ISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICA.					YES NO
RTIF	20a. ACCIDENT WAS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury In Part I or Part II of Item 18.	.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		-		-19-6-
MEDICAL			CE OF INJURY (Home, far		unty) (State)
EDI	Hour a.m. While at work	Not While factor	ry, street, office bldg., etc	2.)	
2	21. I certify that (I) (this hospital) attended		5 Tuly 10	166, to 10 Sept , 1960	d that (1) (wa) last
	saw the deceased alive on 8 Sept		/ /	A. M. from the causes and on the	, that (I) (we) last
	22a. SIGNATURE	1900, and that	death decorred are		THE GATE STATEG ADOVE.
	Klaus H. Huelm	M.D.		MED. STAFF	1/10/166
	22c. PHYSICIAN'S		PHYS. DI	DIRECTOR PHYS.	110/00
	NAME (Type) KLAUS H. HUE	BNER	NORTH	IEAST Ad.	
23a.	. BURIAL, CREMATION, 23b. DATE THEREOF 2	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or cou	unty) (State)
	REMOVAL (Specify) 9/13/66	ST. MICHA	els (cm	Jessup, LAC	A.Co, HA
24.		ADDRESS	25a. REC'		'S SIGNATURE
	The pho and	fs. Elaton.	Md. DATESEF	P 15 1966 Milane	Per Judge
	HICKS Police for Functia.	rs; Binton,	JU . DAIL	-0 .000	1

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use os the buriol-tronsit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 21201

	12650	CERTIFICATE	OF DEATH	196	15			
	1. PLACE OF DEATH o. COUNTY Cecil	MARYLAND	o. STATE DISTRIC	There deceosed lived, if institution: Residence b. COUNTY CT OF COLUMBIA	✓			
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town) Perry Point	c. LENGTH OF STAY IN 16 28 days	Washing	side corporote limits, write RURAL ond o	4223			
7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, gi VA Hospital	d. STREET ADDRESS 4210 S	e. IS RESIDENCE ON A FARM? YES NO 🔀					
	3. NAME OF First DECEASED (Type or print) Trnes	Middle t A. T	Lost OBIN	4. DATE Month OF DEATH Sept				
	Male White WIDOWED	DIVORCED	6 3 10	lost birthdoy) Months 56 yrs.				
	during most of working life, even if retired) IND Cab driver 3. FATHER'S NAME	ID OF BUSINESS OR DUSTRY		Co., Virginia	CITIZEN OF WHAT COUNTRY?			
	(Yes no or unknown) (If yes give war or dates of service)		NFORMANT	Address Perry Po	int, Md.			
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause (b). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	cinoma of the			ONSET AND DEATH TO THE			
	OR CONTRIBUTING CLAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)	Enter noture of injury in F	Port I or Part II of item 18.)	YES NO 🔀				
	20c. TIME OF INJURY Month, Day, Year 20c. TIME OF INJURY Month, Day, Year 20c. TIME OF INJURY Month, Day, Year 20c. TIME OF INJURY Month, Day, Year 20c. TIME OF INJURY Month, Day, Year 20c. TIME OF INJURY Month, Day, Year 20c. TIME OF INJURY Month, Day, Year 20c. TIME OF INJURY Month, Day, Year 20c. TIME OF INJURY Month, Day, Year 20c. TIME OF INJURY Month, Day, Year 20c. TIME OF INJURY Month, Day, Year 20c. TIME OF INJURY Month, Day, Year 20c. TIME OF INJURY Month, Day, Year 20c. TIME OF INJURY Month, Day, Year 20c. TIME OF INJURY Month, Day, Year 20c. TIME OF INJURY (Home, form, foctory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20c. TIME OF INJURY (Home, form, foctory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20c. TIME OF INJURY (Home, form, foctory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20c. TIME OF INJURY (Home, form, foctory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20c. TIME OF INJURY (Home, form, foctory, street, office bldg., etc.) 20c. TIME OF INJURY (Home, form, foctory, street, office bldg., etc.) 20c. TIME OF INJURY (Home, form, foctory, street, office bldg., etc.) 20c. TIME OF INJURY (Home, form, foctory, street, office bldg., etc.) 20c. TIME OF INJURY (Home, form, foctory, street, office bldg., etc.) 20c. TIME OF INJURY (Home, form, foctory, street, office bldg., etc.) 20c. TIME OF INJURY (Home, form, foctory, street, office bldg., etc.) 20c. TIME OF INJURY (Home, form, foctory, street, office bldg., etc.) 20c. TIME OF INJURY (Home, form, foctory, street, office bldg., etc.) 20c. TIME OF INJURY (Home, form, foctory, street, office bldg., etc.) 20c. TIME OF INJURY (Home, form, foctory, street, office bldg., etc.) 20c. TIME OF INJURY (Home, form, foctory, street, office bldg., etc.) 20c. TIME OF INJURY (Home, form, foctory, street, office bldg., etc.) 20c. TIME OF INJURY (Home, form, foctory, street, office bldg., etc.) 20c. TIM							
	230. BURIAL, CREMATION, REMOVAL (Specify) Sept. 16-66 24. FUNERAL DIRECTOR	23c. NAME OF CEMETERY OR CARLINGTON Na: Arlington Na: Academissis	tional Gement	23d. LOCATION (City or Town) Arlington By REGISTRAR 25b. REGISTRARS	(County) (State)			

DATE SEP

1966

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and the term of the same of the		deal runs	7		
A Repords, Perry roint, Md.					
	tevil, saft	To attoo	unist.		
(incaalectusien\w	the Liver	To attoo	chrest.		
(inanalmojneien\w	the Liver	To attoo	chrest.		
(incaalectusien\w	the Liver	To attoo	cznego.		
(inca aincyneisen\w	tevil end	To attor	chorego.		
(inca also rasies)\w	tevil end	To attoo	chorego.		
then be a second of the second	tevil end	To amor			
tauaatao;u=fen\w	Towall and	To attoo			
38-11-0 B Marinesen\w	Towall and	To amor	Justinia	MR AKING	

ADDRESS

15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

24b. REGISTRAR'S SIGNATURE

24a. RECID. BY REGISTRAR

(County)

Reg. Dist. No

Cecil

Months Doys

e. IS RESIDENCE

YES NO

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

5min

PERFORMED? YES -

(State)

NOT

(Stote)

12. CITIZEN OF WHAT COUNTRY?

USA

